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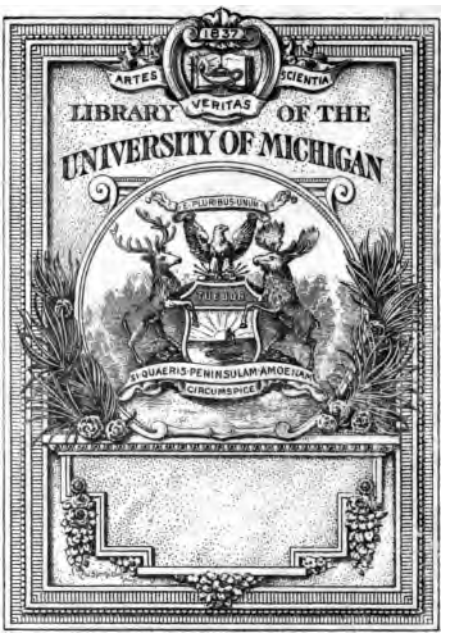
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MEDICAL ADVANCE

A MONTHLY MAGAZINE OF

HOMŒOPATHIC MEDICINE

AND ALLIED SCIENCES.

H. W. PIERSON, M. D.

EDITOR AND GENERAL MANAGER.

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Materia Medica and Therapeutics.

The lectures on Materia Medica by PROF. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

PULSATILLA.*

PROF. J. T. KENT.

Pulsatilla is a very large and interesting study and it takes time to go over it.

It is one of the best proved and most beautiful.

The study of its mental symptoms is very interesting.

It has often been said that remedies bring out their symptoms more particularly upon certain classes of people; this one has produced a great volume of symptoms upon blondes; woman with red or auburn hair; they seem to be especially sensitive to the cough of Pulsatilla. Women who are mild, gentle, yielding, sympathetic and tearful. Women who have not the opposition to become violent or angry, they yield in argument, they give up, they let the question go rather than create an opposition, so sensitive are they to the surrounding circumstances; they are impulsive but tearful. Fitfulness is a common expression as descriptive of many of the complaints of Pulsatilla as well as the mental symptoms. It is wonderful how this changeability, fits and starts, here and there, applies

*Notes from lecture at Philadelphia Post Graduate School of Homoeopathics.

to Pulsatilla. She wants this and that, never contented, tearful, dissatisfied, unhappy, sad and melancholy. The pains are also changeable, they move from place to place, so much so that Pulsatilla stands at the head of the list for wandering pains; one day in the shoulder, then in the arm, then in the lower extremities, then in the back, always changing, never with any order or regularity.

The menstrual flow stops and starts, no two periods alike; this also applies to the stools, no two alike. This changeable condition is a characteristic feature. The menstrual symptoms and the complaints in general are associated with a great amount of painfulness. The Pulsatilla patient is always complaining of suffering and pains. Chilliness with the pains. Chilliness in the arms and back, or in the skin, or over the whole body. Internal heat with external coldness. Shudders in a warm room or when warm she shudders. The chilliness is ameliorated by walking in the open air. As to heat and cold it occupies a peculiar position. Ameliorated in the cold air, better by walking in the cold air. As to the breathing and general bodily state, the headaches are worse in the open air, except when exercising enough to keep the body moderately warm. Amelioration from cold things in the stomach. Warm drinks, as tea and coffee, create nausea, cold things feel good in the stomach and relieve nausea, sour vomiting and general bad feeling. Ice cold food is another extreme, making the patient sick, both from the cold and the richness. It has aggravation from rich things, pastry, fats, pork and butter. The whole bodily condition is changed, aggravated, disturbed by fatty, rich things, producing vomiting, eructations, night sweats, febrile symptoms and also mental symptoms. Diarrhœa coming on from disorder of the stomach, this is a general state. The time of aggravation fixes the symptoms of Pulsatilla. The stomach and bowel symptoms are alike worse in the morning, while the mental symptoms are worse in the evening and at night, and it is the exception that they are worse in the morning. Aggravation in the morning and evening. Pulsatilla has great sleepiness, which is about as follows: very sleeply in the afternoon after eating; extreme wakefulness the forepart of the night, a fitful sleep from 1 or 2 o'clock until morning, wants to lie in bed late in the morn-

ing. These are the general characteristics of the Pulsatilla sleep. It has awful dreams, great confusion, night-mare and all sorts of sufferings.

There is a general state that you will see by looking at the patient; it is that of varicose veins; the face is puffed, high colored, purple, and the skin unhealthy. The Pulsatilla patients are often fleshy, rotund, they look healthier than they are. Purple skin with varicose veins. In erysipelatous inflammation, pain in the veins, cold, offensive, sour, sweats, sweat on one side of the body, generally the right. Swelling of the feet with purplish appearance of the skin. The skin ulcerates. Ulcers relieved by the application of cold and painful from the heat of the bed. Ulcers painful from excercising enough to heat the patient. All the symptoms are relieved from cold. The swelling of the feet is often relieved from ice-cold water, also the pains of varicose veins and corns on the feet; it competes here with Ledum. All of the complaints of Pulsatilla are aggravated by heat and on becoming over-heated. Exercising until warm brings on the dry, teasing cough, pains and chilliness. Just think how peculiar that is "gets chilly from exercising, coughs from walking fast." Other remedies have cough from motion but not from being overheated. Slow motion ameliorates the symptoms of this remedy. The aggravation is from that kind of motion that heats him up. The pains that are worse from the warm bed are better from getting up in a cold room and breathing cold air. Moving about slowly relieves. Pains drive him out of bed at night. *Mercury* is also worse from the warmth of the bed. *Veratrum-alb.*, *Rhus and Arsenic* are better from walking about. Rhus. is better walking in a warm room and worse in a cold room. *Mercurius* is better in a cold room. *Iodine* and *Kali-iod* are better in a cold room. Next most striking thing we see is in the mucous membranes. It is full of catarrhal symptoms, inflammations. Mucous membranes are thickened, ulcers are purple, engorged, bleed easily and flow copiously. The characteristic Pulsatilla discharges are green or yellowish green, thick, like pus; this kind of discharge from the nose, eyes, ears, chest, vagina and urethra, there is no exception. The discharge is bland like the temperament. The leucorrhoeal discharge is excoriating, all the others are bland. Vaginal

discharges are thick, copious, yellowish-green and excoriating. It is not necessary to know whether that leucorrhœa is benign or contagious, whether simple or specific, any remedy may be selected corresponding to the symptoms. You need not know that it is of gonorrhœal origin, that her husband has gonorrhœa. Of course if such information is volunteered, it is well to have it, but you do not require it to select the remedy. Pulsatilla is a strong anti-sycotic, it vies with Thuya.

Swelling of the testicle from suppressed gonorrhœal discharge or cold. It has awful soreness in the soles of the feet so well known to belong to the gonorrhœal miasm. Soreness with or without swelling in the joints and muscles. Metastasis is another grand feature. Complaints seem to yield and then take another form; complete change of base in complaints; for instance when the mumps disappear suddenly, in the female it goes to the mammary gland and in the male to the testicle. Pulsatilla is the old and established remedy and it is thought of first because of its wonderful changing nature. Another grand feature in most of its complaints is its thirstlessness; the thirst is seldom present except in actual fever, and the majority of its fevers will be found to be thirstless.

Its eruptions are measly, not like scarlet fever, but rough. The rash is dark, dusky, you hear the old woman talk about "black measles," it is when the rash is dusky, dark. Where the skin is purple and the rash does not come out. This purple condition often surrounds ulcers, like Lachesis. Another striking feature in a characteristic way will be noticed in the symptoms connected with the female genital organs. Menstruation is late; the flow is scanty and light colored, watery, said to be pale, even when the discharge is scanty and pale it will be mixed with small, black clots. The menstrual flow intermits, stops and starts. The first appearance of menstruation is late, the girl is fifteen, sixteen or seventeen before she menstruates, she becomes pale and chlorotic, melancholy and sad. The Pulsatilla patient often wants to be alone, sits in a corner and keeps perfectly quiet. Suppression of the menstrual flow causes other complaints to come on. Women get their feet wet and the menses do not come on at the usual time, temporary melancholy comes on, sore throats, awful dreams, tearfulness, anxiety, restlessness in sleep, sees images

catarrhal symptoms. Nose bleed from determination of blood to head. With suppressed menstrual flow, palpitation worse lying on left side, with throbbing in the whole body, finger-tips beating like hammers and the head throbs. Congestive headaches are likely to be associated with this condition. With suppressed menstrual flow, continued frontal headaches, dilated pupils, red eyes, catarrhal condition of the ears and posterior nares. The stomach and bowel symptoms often go together. Vomiting copiously of bile, slime, water, and of all warm things taken; gagging, retching, vomiting with sick headache. Vomiting with headaches and with menstrual pains. Awful dysmenorrhœa, violent bearing down pains in the back and sacrum, twenty-four hours before the flow commences. Burning of the uterus. Distention of the whole nervous system, sense of fullness almost as if explosion would take place, the flow comes on and relieves this. Vomiting of everything taken. Those bearing down pains occur at every period. The pains in the uterus are relieved by heat and this is an exception. Breathing is worse from heat, wants cool air and slow motion. Pain is worse on beginning to move but better from gentle, steady motion. Riding on the cars affords relief, or riding in a boat relieves the Pulsatilla patient. The Pulsatilla dysmenorrhœa is relieved entirely by riding in a canoe, the gentle gliding motion relieves the pain. Pulsatilla has a characteristic constipation not generally known, frequent ineffectual urging to stool like Nux Vomica, but the dispositions of the two remedies are very different. The diarrhœa of Pulsatilla consists of copious, watery fæces entirely emptying the intestines. The dysentery is attended by continuous urging and teasing, not relieved by stool, like Mercurius and unlike Nux. Nux is relieved from passing a little stool. Rhus-tox has this also. In general, we have the stool that is so commonly known; no two stools alike, one will be yellow and another like slime; yellow, slimy, purulent discharges; stool looks like pus; there are no fæces in the stool, or one stool with fæces another with slime, still another with curdled milk.

After making a general survey of a remedy, that is, becoming acquainted with its generalities, essentials or general features, so you can see what the remedy looks like generally, the best way to proceed with a further study of it is to carry it

along with well known sicknesses,or sick people. If you have no experience,it is a difficult matter to do this. Practitioners who have been in medicine some time have a general image of the remedy in mind and going further into details they immediately arrange before their mind's eye a series of cases they have seen in a life time, and say: "if I had only known this remedy some time ago I could have cured Mrs. Jones or Mrs. Smith." It is a very good way to picture to your mind cases that have gone by. I hold up to my vision things that I have seen, it seems to put life into it. Life exists in Homœopathy, there is life in every part of it· We must put life into the very images that we see in a drug. Our work to a great extent is a work of art, it is more than can be claimed for any other art; for instance: the sculptor has finished his figure, it may be that of a beautiful woman, he has dreamed over it by night and chiseled it by day but there is no life in it. It is not so with our image; we bring before the eye and look at the real cure we have made, it may be the very individual that the sculptor has chiseled in marble. Have we not been working at a real living thing? Can the homœopathic physician do aught but enthuse and thrill with delight? Could the artist only feel what we feel! Our art is then the highest, it is dealing with God's own people, while the artist deals only with the images of people. Sick human beings are to be considered now. It is almost impossible to consider the symptoms of the Materia Medica without holding up to view the sicknesses of man. The various forms of mania come under Pulsatilla when the general image such as I have given you is present. A woman who has passed through puerperal fever and puerperal mania dwindles off into a mild mania, never answers except when spoken to, with imagination that the opposite sex does violence to her soul. Insane people think that the mere association and conversation with the opposite sex is criminal. Over-consciousness, over-conscientiousness. A young man was continually insane over his work, looking over his order book, knowing he had made a mistake, continually on the watch for fear and expecting officers were coming to arrest him, he would pray the Lord to forgive him. This is a most distressing condition and Pulsatilla has cured it. Religious insanity and over-

conscientiousness, inability to make the promises that are laid down in the Holy Word apply to himself, they apply to some one else. In this it is like *Anacardium*, *Psorinum*, *Aurum and Lycopodium*.

Weeping, tearful, sad, mild, melancholy. With the mental state in general the patient is better in the open air, relieved only of tearfulness and melancholy when walking in the open air; patient suffocates in the warm room. Mental symptoms are worse in the evening and stomach symptoms worse in the morning. These mental symptoms are likely to come on from disorders of menstruation, prolapsus, scanty, irregular, menstrual flow. If in the male, those young men who have been guilty of self-abuse, become timid, fully realizing the trouble they have brought on both mind and body; they are worse in a warm room, become tremulous, sweaty and cold, and disorders of digestion come on.

Anxiety, thinks she will die and does not know what to do, wants doors and windows open. These mental symptoms are also frequently associated with heart affections; palpitation worse lying on left side; great difficulty in breathing; much exercise tires him or her. This is a typical picture with cardiac affections. Mistrust, suspicion; thinks the world on fire at night. The mind is very changeable; memory very poor; exhaustion of mind. This applies to the general complaints of Pulsatilla. The mental picture is a large one and in most complaints, you will find some portion of the mental symptoms, perhaps two or three, which will lead you to compare with other remedies. Prolapsus of the uterus, dragging down as if all her intestines were coming out, a funnelling sensation. Many plump, rotund women, looking the picture of health, would not be accredited with having much sickness and yet are weak with this dragging down feeling. Great sense of weakness in the pelvic organs. It has complete procidentia; dragging in the thighs with aching in the sacrum and great pressure. In confinement the pains are weak; come in fits and starts, seem to do very little good yet producing extreme suffering, cries out with great pain and tears run down her cheeks; pain lasts only a little while and is tormenting, feeble; they correspond to the first stage of labor, great tearfulness, anxiety and restlessness, wants all the doors and windows

open; a dose of Pulsatilla corrects all this, the pains become regular and delivery is rapid. The prolapsus of the uterus leads us to think of several remedies, *Sepia*, *Natrum-mur.*, *Podophyllum*, *Nux Vomica*, *Murex*, *Secale* and the like. If all these remedies have this condition when shall we think of one and when of the other? *Sepia* looks like Puls. to a great extent, the general conditions of the pelvis are possessed by all these remedies. *Sepia* has besides these great irritability, snappishness, crankiness, constipation is more marked with very large difficult stools, always a sensation as if the rectum was full, like a lump in the rectum, there is not the urging to stool like Puls. and Nux; the rectum fills up with hard balls, there is never the feeling that she has finished; with the dragging down there is relief from sitting with the legs crossed, lying on the back on something hard; the bearing down is so marked she can hardly be persuaded to go about except she exercises vigorously enough to get warmed up; all the complaints and aches of *Sepia* are relieved by violent exercise; yellow spots on the face and yellow skin. You see how quick the warming up by exercise would make the Puls. patient sick. Hungry, all-gone feeling, gnawing in the stomach that she is never satisfied; she is very indifferent to her family; the woman don't quite love her husband; all this belongs to *Sepia*.

Nux Vomica also has the dragging down and uneasiness; is never satisfied; so irritable and snappish that she will scold about everything; she may be tearful with this excitability but this snappishness is unceasing; the constipation is more marked than in Puls., she goes twenty or thirty times a day without passing any stool whatever; tearing in the limbs here and there; great sensitiveness to cold, always wants to be in a warm room, wants to be wrapped up; headaches come on in the open air; complaints of the stomach are worse in the morning like Puls., great sleepiness after eating like Puls.; the aggravation from cold and amelioration from heat will distinguish them from each other.

Murex is very much like Sepia. It is not ameliorated from violent motion, but on beginning to move; pains are worse from lying down; the prolapsus generally is that which occurs in women suffering with intense sexual excitement, dragging down in the rectum and pelvis, like the others.

Natrum-Mur. also has all the general pelvic condition; constipation like Sepia, without that sensation of a ball in the rectum; she will go a week without desire for stool; she is fidgety, shudders at the sound of a noise; anxiety and weeping in such to whom you would give Ignatia (Natrum-mur. is the chronic of Ignatia) Great anxiety and emaciation about the face and neck; breast shrivels away like in Conium and Iodine; mother may be suffering from grief from the loss of a child or husband which may have occurred a year ago and for which you would give Ignatia as the acute remedy; hungry night and day; growing thin and inability to keep still.

Next we come to the nose and here you will see the wonderful coryza troubles, characterized by copious green, thick, or yellowish-green discharges. Nose is swollen and face puffed, eyes engorged; face looks red and tumid as if besotted; on each side of the nose there is a fullness sticking out that is quite marked; sometimes swelling of the lip. The discharge is never excoriating like in *Arsenic, Mercurius and Sinapis.* Offensiveness is most marked. In old, deep seated catarrhal troubles, commence with a moderately low potency, so that you can go higher and higher in the course of a couple of years. It takes two years to cure a chronic catarrhal condition. The stoppage of the nose as from catarrh in the evening when going to bed. Pulsatilla catarrhs are worse in the evening, *Natrum-mur* in the morning. In *Natrum-mur* the aggravation is from morning to noon and from noon till toward evening. Puls. has more watery discharge with sneezing, better in the open air. Hay-fever patients often need Pulsatilla. Hay-fever is an outgrowth of the constitutional disturbance known as the Psoric diathesis, it takes from two to three years to cure it. Nearly always coupled with the catarrhal symptoms, we find loss of taste and smell. It is not uncommon to have a depraved and lost taste with stomach troubles. The nose stuffs up. Every abnormal condition of the stomach aggravates the catarrhal condition. It is a common feature of the Pulsatilla catarrh when she is in a close, warm room, she is compelled to breath through the mouth. Such a state is not uncommonly observed in *Iodine, Kali-iod., Merc., Carbo-veg.* and *Natrum-mur*; these remedies have much to do with smell and taste. The nose stuffed up in all of them very much alike; *Natrum-*

mur, and *Iodine* particularly. The complaints are worse in a warm close room. If you are about to treat a nasal catarrh or hay-fever, you must manage the patient just the same as you would in any other condition of sickness, whether the combination of symptoms has received a name or is entirely unknown by a name. If a new combination of symptoms comes about and you have seen the first patient; you have seen that particular sickness, and when you have seen a number of such cases, you have a sure guide of the general features of that sickness. You will be likely to be as successful with the first case as with the last.

I will compare some remedies useful in hay fever. The management of hay fever requires considerable study because you have to deal with the troublesome imaginations of the patient, he will almost always refuse to let you study him; he wants the hay fever treated; he don't want the haemorrhoids, the thick skin on the soles of the feet, the pains in the sacrum, the diarrhœa which alternates with constipation, talked about or inquired into; these are always better when the hay fever is present. Sometimes he will tell you that he is always well except when he has hay fever. This is a scientific lie; it is impossible for him to be well; he has always had these complaints and he does not want you to bother with them. The hay fever will hardly ever reveal to you the indications for a specific for the patient.

Another individual has epilepsy, and if you expect to find in the fit the remedy that cures the patient, you will be likely to be mistaken. When an acute mimicing manifestation of disease follows several times the same beaten track the details are hard to find. He does not know much about his hay fever. If you suggest several things he has them all. In nearly all these acute expressions you don't find in the exaggerated attack the symptoms that will lead you to the remedy. You will find these symptoms by getting the state of the patient before he was taken with hay fever. These primitive symptoms are of more importance. Sometimes it is important to know what region was affected before the nose. At times you will find spinal symptoms; great soreness in the back relieved by lying on something hard. Few remedies have that. They do not tell you that at first but continue to dwell on the

hay fever. In many nervous women the attack comes on with sneezing and watery discharge and then a copious, thick, yellowish-green discharge. These are the natural symptoms of hay fever, but in the "Back" symptoms you see something.

In Pulsatilla the menstrual symptoms and the prolapsus come in. When the hay fever comes on, all the other symptoms are better, she feels nothing except the hay fever, however, all the symptoms interweave with each other. The *Natrum-mur.* symptoms will be worse in the morning and until toward noon, while in Pulsatilla they are worse in the evening, the nose filling up with thick, yellowish-green, ropy mucous, and when the nose has been cleared, a dry, burning, smarting feeling remains; if the room is warm at night, she cannot sleep. *Natrum-mur.* is a little like that in the smarting and inability to sleep at night in a warm room. In Natrum-mur., too, the discharge may continue day and night. We have an acute class in which Pulsatilla is sometimes indicated—copious watery discharge which ends in sneezing. In the beginning we will think of *Carbo-veg.*, *Arsenic*, *Allium-cepa*, *Euphrasia.*

With *Carbo-veg.* there is a great deal of watery discharge and the irritation extends down into the chest, with hoarseness and rawness. In *Allum-cepa* we have one group of symptoms that point to this remedy—Excoriating discharge from the nose and bland discharge from the eyes; in the larynx, sensation as if a lot of little hooks were there, and sometimes this extends below the larynx; this always means Allium-cepa; it is also worse in a warm room like Puls. The *Euphrasia* looks a good deal like Cepa, only the discharge from the eyes is copious, watery and burning—the lachrymation burns the eyes and excoriates the cheeks; discharge from nose is bland like Pulsatilla; sometimes this goes down into the chest, then it is no longer Euphrasia.

Iodine is worse in a warm room; thick discharge from nose which burns and excoriates and is yellowish-green; but there is one thing that differentiates it from all the others—the patient immediately begins to emaciate when the complaint comes on and is very hungry.

Kali-hydr. with the thick yellowish discharge, worse in a warm room, there is a great amount of rawness and burning in the nose; external nose very sore to pressure; sensitiveness in

the root of the nose; whole face aches and patient is extremely restless; wants to walk in the open air which does not fatigue him.

Iodine of Arsenic; anxiety, restlessness and weakness; frequent sneezing and copious watery nasal discharge that burns the lip. Burning, watery discharge from the eyes makes you think of arsenic. Arsenic wants to be very warm; wants hot water applied to the eyes; the only relief from sniffing hot water up into the nose, The Iodide of Arsenic is worse in a warm room, and, for days after sneezing, the discharge thickens and becomes gluey, looking like thick yellow honey, this excoriates; much pain through the root of the nose and eyes; often rawness in the chest with dyspnoea. The remedies having the dyspnoea are *Arsenic Iodide of Arsenic, Iodine, Kali-hydr.* and *Sabadilla*, these are the ones I have found most frequently indicated in the asthmatic forms of hay fever. If the complaint has been developed after being overheated about that time, you will find that *Silica*, *Puls.*, and *Carbo-veg.* must be carefully compared. There is another class of remedies having the stuffing up of the nose not relieved by the discharge. There is a constant desire to blow the nose yet he gets no relief. This makes me think at once of *Lach.*, *Kali. bi.*, *Psor.*, *Naja* and *Sticta.*

Psorinum has the copious, watery, bland discharge from the nose, it may be excoriating, it has both. The stuffing up of the nose generally takes place in the open air; he is relieved in a warm, close room and by lying down; has some dyspnœa which is relieved by stretching the arms at right angles with the body. Hay fever is a psoric sickness. Psorinum given in a single dose will so develop the symptoms that the case will be more clear. It is hardly ever that the second dose of Psor. will benefit. The attack is not the best thing to prescribe for. If it is too violent, a short acting remedy may be selected that will mitigate it, and that is usually Nux Vom.

Nux Vomica has a free, easy breathing in the open air but when he goes into the warm room his nose stuffs up, which also occurs at night, though the water drips on the pillow yet he stuffs up like Puls., Bry., and the Iodine preparations, Iodide of Arsenic and Cyclamen. Do not understand me to have given remedies for hay fever, we cannot lay down reme-

dies for diseases. It is worth while to mention that the bad taste and symptoms of mouth generally are likely to be worse in the morning; such stomach disorders as have been brought on from eating fat foods and rich things in general; rancid, sour, filthy taste and bad coating on tongue, especially at its base; the whole mouth is foul and breath bad. In individuals who live high, have varicose veins with disordered stomach, they go together. Bloated, distended abdomen. Extremities are puffed and general aggravation from heat and warm things. With most complaints there is thirstlessness. Aversion to meat, butter, fat, bread, milk, smoking.

Natr. Mur. and *Lyc.* have aversion to bread also. Bread seems to disorder the stomach. Hungry, but does not know for what. This will force you to compare Bryonia sometimes. Craves things and knows not what. If I say that Cham., Bry. and Puls. have that symptom, you will see at once that there must be some difference. In Cham. we interpret it differently; the child is so irritable that it wants something but knows not what; it is a mental state; it cries for toys and then throws them away; it is so irritable and snappish. Bry. is very much like Nux in irritability. The Puls. patient has so disordered his stomach by eating rich, fat, food that he cannot eat anything more, and yet his stomach craves something, but he knows not what. Some remedies have this from a mental state and you see how unwise it would be not to read between the lines.

Now the cough. If you would see the gagging, and choking and aggravation from lying down with amelioration from sitting up in bed, which is found under *Bry.*, *Hepar* and a number of others, you would have a difficulty in selecting; but if you discover that he is worse in a warm room it at once rules out *Hepar* which is worse from the least exposure, and in the *Hepar* case, unless that peculiar sensitiveness is removed by a dose of *Hepar*, you will hardly be able to get him out of bed without him taking more cold. The Puls. cough is better in a cold room. Puls. has a loose morning and a dry evening cough. You make no mistake in giving Puls., the expectoration is copious, yellowish-green, and the patient suffocates in a warm room (these are sharp indications for Puls.); If there is aversion to fat and anything like tearfulness, which

is generally absent in Phthisis, you will think of Puls. Warm tea causes nausea and vomiting; now you should compare *Phosphorus*, but suppose you give Puls. and it creates an unusual aggravation, great suffering because the loose, morning cough is converted into a dry cough, hence suppressing expectoration, which is the vent to the disease; you will be compelled to give Stannum which is a natural antidote to Puls., and it has a dry cough in the morning and evening; after this prescription you may get an entirely different group of symptoms, Usually Puls. acts like magic, but we have perfect control of it with Stannum. With the cough there is vomiting of mucous and blood; difficulty in the stomach; suppression of menses; chronic after eating, caused by eating rich food, ice cream, etc. Morning sickness, nausea and vomiting during pregnancy. Involuntary escape of urine with the cough. Great distention of the abdomen; drawing, tearing pains in abdomen like labor pains. Puls. has all sorts of catarrhal inflammatory conditions of the bladder, urethra and vagina. The discharge from the vagina being thick, yellow and excoriating. Often the gonorrhoeal dicharge is the same type. The continual teasing to pass water night and day, much worse in the evening. Almost continuous desire to urinate through the night. If she lies down and turns on the back immediately the teasing to urinate comes on. Great urgency, it cannot be postponed.

It is a very common occurrence with a young man suffering from gonorrhoea to have the discharge suppressed by a prescription from the drug store, or from a cold, and orchitis supervenes; here Puls. is one of the principal remedies for relief of the trouble. If you cannot get distinctive symptoms, Puls. is more characteristic of such a case than any remedy I can mention. Compare with *Clematis*, *Rhod.* and *Arn.* The swelling that is of longer standing calls for *Alumina*, *Rhod.*, *Aurum*, or *Spongia.*

Puls. will be found of frequent use in women who are predisposed to abort. The kind of constitution I have described will be present. Puls. seems to produce upon the healthy woman a great weakness of the reproductive system. Many women who have had one abortion will thereafter be predisposed to such a weakness and the remedy that will strengthen

her generally will remove the predisposition to abort. Puls., *Sepia* and *Sabina* have a special relation. Puls. is not so useful to check the process of abortion as to tone up the woman. If it is indicated by the general symptoms and there is threatened abortion, it may be the suitable remedy to check it, but if it has gone beyond saving, the process is protracted and expulsive efforts feeble; pains in the back become violent as if they would expel and then fly to another place, Puls. is useful in such a state but not often to stop it. Under *Sepia*, *Puls.* and *Viburnum* they will carry the foetus to full term. A remedy that you will be likely to become confused with is *Apis*; she wants the windows open; chilliness; wandering pain and a great amount of stinging and burning; threatened abortion at third or fourth month. This might make you think of Puls., but *Apis* has many more symptoms and to check abortion it is the most frequently indicated remedy; it will even check it when mechanical interference has been used to produce it, and enable the woman to go to full term. The natural course is about as follows: The woman becomes frightened at the hemorrhage, after going to those miserable rascals, but she thinks it is too late to be saved and she sends for the family physician to have the abortion arrested, representing that it occurred from a fall. Apis stops the flow and they are very often mad at you for doing it. Now as to the management of the breasts Puls. is a useful remedy. When you want to wean the baby; the time has come for the milk to dry up but it continues to form in spite of the fact that the usual plan has been resorted to, that of taking the child from the breast; a dose of Puls. will accomplish the work. When the woman has lost her child a month or two old, it is very troublesome to dry up the breast; here Puls. will be of great service, it has many a time accomplished the desired result.

Girls before puberty have milk in the breasts; the breasts are tender, sore, and discharge a watery fluid not unlike milk; Puls. is often the indicated remedy; of course she is tearful, gentle, mild, etc. Previous to menstruation, *Cyclamen* has milk in the breasts. A milky, watery flow coming from the breast after menses and coming every month is *Mercurius* At inopportune times *Lycopodium* has produced milk in the breasts of the non-pregnant. *Arsenic* has been known to do it.

The usual remedies with which this condition has been combated are Cyclamen, Puls., Merc., Lyc. You will notice if you compare the pathogenesis of *Cyclamen*, that it looks like Puls. In Puls. the menses are too late and scanty. In *Cyclamen* they are too soon and copious. Puls. headaches are in the frontal region, *Cyclamen* more likely to be in the temples. *Cyclamen* is worse in the cold air; wants to be covered. Puls. as to these peculiarities is just the opposite. Puls. cures troublesome after pains. Every time the child is put to the breast to nurse the mother has a cramp in the uterus; cramp in the muscles of the Lumbar region. It competes with *Arnica* and *Chamomilla* in after pains of this character. You will see at once that there is a distinction to be made, when to give one and when to give the other. If there has been soreness for several days and this condition comes on, you will at once think of *Arnica*. If Puls. is the remedy you will have some of the symptoms I have given you. Now if the woman is snappish, irritable and very oversensitive to pain, you would say at once, *Chamomilla*. The images of people are your stock in trade, as I have told you. I never like to attend a confinement case unless I have become acquainted with the mother. I want her to speak freely to me. If you know a woman some time and become acquainted with her little peculiarities, any symptom coming on may be used as a key-note, but to use it as a key-note when you do not know the other symptoms you would be likely to give the wrong remedy. Puls. has a great amount of imflammation and swelling of the veins. Phlegmasia dolens. You will be surprised to know that Puls. has cured a great many cases of milk leg. When you have almost finished your case of confinement you might notice swelling of the veins; you say: "I am not surprised at this. I suspected such a condition might obtain." A dose of Puls. will remove all these things. Here you have a condition in milk leg, and if you did not know the image of the remedy and the condition of the patient, you would have to study days before you could find the remedy for milk leg. These conditions arise in practice, we do not have provings upon pregnant women and during the lying-in period. We must reason by analogy. We must twist around and get indications the best way we can. Women who are not pregnant don't have much trouble with

puerperal fever, lochia, and things that look like that. Women who are not pregnant don't have the same condition we find in phlegmasia dolens; but they may have conditions and symptoms which are similar.

Symptoms of provers may be generally like convulsions, epilepsy, etc. Phlegmasia dolens is called a disease by allopaths, but it is not a disease. Complaints coming on after lactation and lasting for years. The conditions produced from suppression of milk in the Puls. constitution will lead to conditions that call for Puls. You very often have to select a remedy for conditions that have gone by; changes caused by taking drugs, change of climate; previous mental state or something that led up to the existing trouble. In swelling of the breasts and inflammation during gestation and lactation, or any other time, Puls. sustains a very valuable relation and competes with *Phytolacca* which has not so general an inflammation with heat and throbbing, but a nodular condition of the milk glands. *Belladonna* will compete with Puls. as to the inflammation itself but in *Bell.* there is heat, bright redness and swelling, stony hardness with radiating lines of redness. The stony hardness will also make you think of *Bryonia*, but the mental states of these remedies come in and necessitate at once taking the image. Lumps in the breast before puberty, is a striking symptom. Breast swollen; rheumatic pains extending to the muscles of the chest, also to shoulders, neck, axilla and down the arm, changing from place to place. This group is so striking that I cured, in a very fleshy woman, a breast with a swelling as large as my fist; it was movable, the nipple was retracted, oozing an ichorous fluid. She had been advised to have it cut out. There were no enlarged glands in the axilla and not bound down, but the nipple was bound down in an unaccountable manner; it had been in existence for eight months. She complained of these rheumatic pains, better in the open air and as soon as she went into a warm room she would feel suffocated. She wanted the breast exposed in the evening and did expose it at nights when she could. Puls. removed that lump entirely. The flying around pains struck me at once as queer. The usual pains of cancer are confined to the lump.

On the suppression of a rash, Asthma comes on. Almost

any antipsoric would cover that general condition and especially Bryonia and Dulcamara have difficulty of breathing on the disappearance of a rash. Asthma of children and hysterical patients. Asthma after the evening meal or from a suppressed catarrh. The rash is like measles. Puls. is the most prominent remedy in measles. Compare it with Euphrasia and Sulphur. Puls. corresponds to a typical case of measles. If there is thirstlessness, restlessness and catarrhal symptoms about the eyes, then it is the more strikingly indicated. If there is a copious discharge from the eyes, smarting and excoriating the cheeks, and a bland Nasal discharge, you could give nothing but Euphrasia if the rash were like that of Puls. In sharp cures of measles and scarlet fever, the fever will stop in 24 hours. The mother says "Doctor, that could not have been scarlet fever!" As a matter of fact the rash stays out and desquamation takes place and the patient must be kept warm, just the same, while the rash is out.

Most all die of scarlet fever under Allopathy.

SEPIA.*

PROF. J. T. KENT.

Sepia is particularly useful in tall, slim women with narrow pelvis and relaxed fibre and muscles, narrow through the hips; such a woman is not well built as a woman. A woman who has the hips of a well built man, is not built for child bearing or the functions of a woman. She cannot perform the functions of a woman without becoming relaxed in the plevis, organs and tissues round about; such a build is especially a Sepia build, that is, such a woman is likely to have the peculiar kind of symptoms we find in the pathogenesis of Sepia. Very tall, slim, narrow women, straight all the way down from the shoulders; these are not well built women.

We say that a man is poorly built, when he has broad hips and narrow shoulders, like a Phosphorus subject. Now, put these things together, and you may well say, "a tall man Phosphorus, and a tall woman, Sepia."

A Phosphorus patient is not necessarily one who is tall, but one who is narrow chested. You can hardly conceive of a

*Note from lecture at the "Philadelphia Post-Graduate School of Homœopathy

well built man who has not good shoulders and a well proportioned, rounded out chest.

If you look upon the face of the Sepia patient, if strikingly Sepia, it is peculiar; the skin is sallow and doughy; looks as if the muscles were flabby; you will seldom see Sepia indicated in the sharp lines that indicate intellect. If you notice a person that has been thinking a long time, he has the lines and angles of a thinking person, one who has will and intellect. We do not have to examine the head, we say "that face looks like an intellectual face," the directly opposite of that is the Sepia face.

The Sepia subject is one that is rather stupid and dull, thinks slowly and is forgetful. The mind is anything but active, and we see it in the face. We don't find it out by asking the question, but we learn to read faces. In many instances, though, the Sepia patient is a quick patient.

The dullness of intellect is the most striking feature. These conditions reflect themselves upon the face. The face is generally puffed, often smooth and rounded, and marked by absence of intellectual lines and angles. The face is sallow, and often a puffiness on either side of the nose, as if a saddle was marked out right over the bridge of the nose, and this is discolored yellow, somewhat of a jaundiced hue.

The Sepia patient is often troubled with the liver, and therefore the face may be icteric.

To further bring out these mental symptoms, we find that which is in keeping with this dullness of mind; a sluggishness more or less constant, is associated with an inability to exercise the natural feelings toward her friends and family. A woman says: "I don't feel that I love my children, and though I do love them, I don't feel that I do." That is expressed in another way, "an indifference to her family," and if you probe the matter a little furthur, you will find that she is indifferent to her husband. There is a lack of feeling that should exist between her and her relatives.

She dreads to be alone; she is lonesome and changeable, and when she is in company she is spiteful. In the midst of her dullness of mind, she is spiteful; she vents her spite often upon those whom she loves most.

She changes about, reflects and weeps, often hysterical and sad.

Religious mania, constant change of mind, whimsical, melancholy, quarrelsome and irritable.

There are Sepia headaches, particularly in the occiput, <in the morning; great pain through the eyes and temples; headache is better by sweat and worse in a warm room, yet often heat ameliorates it; it is better from violent exercise and made worse often on beginning to move; throbbing felt on stooping and worse going up stairs.

One characteristic that I have brought out is often characteristic in general, and this is, *amelioration from violent exercise, worse on beginning to move, but better by getting heated up or warmed up.*

These pains and aches pass away on continued exercise and come on again when rested. These conditions are closely related to the back symptoms, there is a great amount of soreness in the back, the spine aches all the way down. Pressure on the spinal column discloses sore places, spinal irritation, if you want it that way. Aching in the back, most from the waist and loins to the coccyx; often comes on from sitting and often gets better from violent exercise. A peculiar feature is, amelioration from hard pressure. A common Sepia state is to put a block, or a book, low down upon the chair and press the back down upon it. Sepia does not seem to get the amelioration from lying down upon that book, as we find in Natrum-mur.

Stooping aggravates the backache and Boenninghausen gives, "backache from kneeling."

Perhaps the next most striking feature is its catarrhal state. All the mucous membranes appear to pour quantities of thick, yellowish green mucous. The eyes are first very noticable and have all sorts of catarrhal conditions with incrustations. The nose fills up, so that it stops up with great green crusts, which sometimes form in back of the nose and are hawked out; sometimes they are blown out, if they form in the anterior nares; sometimes it flows out of the nose, and then it is thick, green, offensive, putrid, smell of old catarrh in the nose; there are all sorts of disagreeable smells in the nose.

Long lasting, troublesome conditions of the throat; swelling of the tongue, ulcers and aphthae in the mouth.

Leucorrhoea of the same character of discharge. Sepia leads all other medicines for leucorrhoea in little girls.

The next most striking thing is found in the symptoms in connection with the reproductive organs. She always feels a bearing down, or dragging down, sometimes described as a funneling feeling in the vagina, constant desire to hold the parts up, as with a bandage or napkin, and entirely relieved by lying down, by holding the limbs close together, or by crossing the limbs. Constant desire to hold up the abdomen, which is enlarged and flabby. Sepia is a great medicine for women with large abdomen, who have born many children. Pendant abdomen, wants to hold it up with a bandage. Together with this, there is quite a general symptom running through Sepia, a sensation of emptiness in inner parts, most striking in the stomach; sometimes it is described as almost like a hunger, and then again like a faintness, sometimes like an all-gone sensation that is indescribable; this extends to the chest and abdomen; more than all, emptiness in the pit of the stomach, that she is driven to eat, which sometimes ameliorates and sometimes does not; she is driven to take things into the stomach to relieve that sense of weakness.

The hollowness and emptiness in cavities is associated with prolapsus of the uterus, and Sepia has been a great remedy for relief of prolapsus, when these symptoms have been present. It cures all sorts of displacements when these symptoms are present, whether it is anteversion or retroversion, prolapsus or procidentia. The only way that I find out I have cured an anteversion, retroversion, or any displacement, is from what some great specialist has told her, I hardly ever make an examination of the parts, her general health gets better and why should I worry about the position of the uterus, the patient is the aim of the treatment.

Constipation is a common symptom. The rectum feels as if it was always full. There is a sensation of a ball or lump in the rectum, even after passing the hard and difficult stool, there is a sensation as if some remained; this is a Sepia condition.

Now, you take the relaxation and dropping down, better by sitting, lying down and crossing the limbs, and this peculiar

kind of constipation, with the awful sensation of internal weakness, you have a useful Sepia. group of symptoms, often, too, the mental symptoms are present.

Next in importance as to the general symptoms, are those brought out upon the skin. Now, the look of the patient is one thing, and the symptoms that come upon the skin another. The skin symptoms are numerous and most strikingly vesicular. The herpetic family corresponds pretty generally to Sepia, and particularly when they take the form of wheals, ringworm, herpes circinnatus. Sepia, when all the symptoms agree, will cure any form of herpetic eruption. It has cured zona, herpetic eruption upon the foreskin and upon the labia. Sepia produces a vesicular eruption in the axilla, upon the tips of the elbows on the outside; eruptions that pile up in great crusts upon the elbows; when thick skin forms upon joints that have been pressed upon; eruption between the fingers; moist eruption that pours out a watery fluid, eruptions that are moist, with thick, yellow, purulent fluid.

Sepia produces the induration that belongs to some forms of eruption like the epithelioma, indurations will form upon the lips that cracks and bleeds. This scaly eruption that looks like epitheliomata is particularly Sepia. When the scales come off, a yellowish green, ichorous base remains, and as soon as the crust peels off, another forms, the crust is loosened by the formation of yellow pus beneath; finally if torn off too quick, it bleeds; Sepia has cured this form of epithelioma of the lip, wings of the nose and eyelid. It has cured those old indurations made by the use of a clay pipe, where this continues to form and beneath which is seen this thick, yellow, purulent exudation.

It is often indicated in lupus and lupoid formation on the skin, which infiltrates. Sometimes they heal from the center and form a ring, this is typically a Sepia aspect. The patient you saw the other day in the clinic has a lupus which would be marked as Sepia at first sight. What is particularly Sepia, is the hardness and purple color. Sepia stands on a par with Lachesis for the purple appearance that you find in that case. Now this is something that you will not find in the books, and don't you forget it.

Sepia is complementary to *Natrum-mur.* Aside from the

stupid condition of the mind, it has an excitable condition of the general nervous system that is often marked where Natrum-mur comes in, like being disturbed by a noise, as the slamming of a door. It produces jerking of the muscles of the lower extermities in sleep, and there is such over-sensitiveness of the body, that she constantly wakes up from imaginary noises, she thinks some one has called her, the least disturbance about the house wakes her up.

The sleep is full of dreams and distress, cannot sleep upon the left side because of the palpitation of the heart.

The jerking of the muscles is like *Natrum-mur.* □ Very often one will commence a case, and after a time, symptoms indicating the other will turn up.

Nux-vomica runs into Sepia in the liver and stomach symptoms.

Natrum-mur. and Sepia are generally complementary to each other.

Sepia and *Nux-vomica* relate to each other differently. If you take an acute disease where *Nux* is indicated, it will carry the case through, but Sepia is likely to come in to clear up the constitutional element. Sometimes *Sulphur* occupies the same relation to Nux, but Sepia is the important one.

If you have a Sepia case that you have held a long time, what may be wonderful to tell, if she takes cold, she is likely to have *Nux* symptoms.

I don't want you to be routinists, but I only bring this thing out to show how they follow each other. The patient that has been a long time on Sepia will manifest the *Nux* irritability.

When you understand the spheres of drugs, you will see that the spheres of Apis and Rhus are the same, but their symptoms are only similar, and it is strange to say, that the drugs that are so inimical to each other, often have in the acute or chronic conditions, a similar sphere. Now it is true that some drugs are inimical to each other in their acute, and others only in their chronic spheres. When you get a high grade of mastery of the materia medica, this comes to you almost as second nature.

There is another grand feature of Sepia in its relation to the stomach and liver; the stomach and liver are likely to operate together; there is likely to be jaundice and a great amount

of engorgement of the liver, great distress in the right side, great deal of disturbance in the stomach, vomiting gagging, and aversion to food, nausea from the smell of cooking food, like Colch. and Arsenic. The all-gone, anxious feeling is likely to be present, sour vomiting and rancid eructations, bitter eructations, vomiting of bitter, yellow-green bile. Such are the disorders of the stomach in Sepia. We make use of this often in the vomiting of pregnancy, in the kind of women I have described. The symptoms would call for it, if the woman were built some other way.

Vomiting of milky water in the morning; this is characteristic of Sepia, so that I don't know what I should do without it if I had that alone. Of course if that symptom was present with Sulphur symptoms, you would give Sulphur, but you will be likely to find Sepia the remedy. Milky appearance of discharges is common to Sepia, besides the vomit. Milky leucorrhœa and urine, urine as if mixed with milk or cheesy particles. Frequent, almost constant, urging to urinate, with milky urine, milky urine that burns like fire, after urine stands a while, a milky grayish deposit will form, which is hard to wash off; deposit in the urine hard to wash off is Sepia. Bloody urine, scanty and suppressed urine, great pain in the kidneys and pain in the bladder with great bearing down. Terrible constipation, and the all-gone feeling in the pit of the stomach, abdomen and chest. The mental state with the irritability, are all marked features of Sepia and are likely to be present.

In the lower extremities, we find great numbness of feet. Sepia has many times cured venereal warts. It cures gonorrhœa which is painless, the milky discharge from the urethra in old cases that have lingered a long time and resisted many remedies; when the discharge is only sufficient to glue up the meatus in the morning, sometimes it is attended with burning and smarting in the urethra on urination.

In old cases of suppressed malaria it brings back the chill, but its most useful sphere you may want to know sometime, when you have made a bad selection of remedy and confused your case, owing to the fact that you prescribed too soon, before you have all the symptoms; you have given a remedy for only part of the case and changed it a little but the patient gets no better, and then you figure around and give another

remedy, and so on every few days another remedy. If you have not given quinine you have done well as that is the usual conclusion; when you get your case in that kind of a fix, stop right off and give Sepia, you will see that the chill, fever and sweat is just as erratic as you can possibly make a case. If you study Sepia, and it is capable of relieving a case that is erratic, if you look at the whole symptoms you will see what a manifestation of malaria it has. This is also seen in *Natrum-mur.*, and now we see why they should be complementary to each other.

Natrum-mur. is one of our greatest malarial medicines, but it is full of order in the manifestations of its symptoms, like China, but Sepia is most disorderly. When you have given your medicine and confused the case and don't know what all the symptoms mean, at once think of *Calcarea*, *Arsenic*, *Sepia* or *Sulphur*, but never of using *China* or *Natrum-mur.* for disorderly cases. You can restore the original chill with Sepia, it creates order and often cures the case, it will not cure unless similar enough to the original chill to have cured it. Sepia is generally similar to this disorder.

Ipecac. is another one I think of, especially when there is great pain in the back and great nausea, then Ipec. is my first remedy; if it is not similar in its deeper nature, it will so harmonize the symptoms that it will make them orderly, and by simplifying the case make it more easy to select a remedy. We have to "tack" in this case, to use a nautical expression.

Acute diseases, any old grandmother can prescribe for, but a master must cure the things that are difficult.

It is a fact that the homœopathic system of medicine is universal, outside of surgery, and nothing else is necessary for the healing of the sick.

GRAPHITES.*

A. S. IRONSIDE, M. D., H. M.

Graphites is a deep acting drug, affecting members of the human family in a way similar to that in which certain chronic diseases affect certain families and their relatives.

The diseased conditions known as scald head, herpes, head-

*Read before the Organon and Materia Medica Society of Philadelphia.

ache and asthma frequently arise from one common source, and do not represent four diseases but four symptoms of a hydra-headed miasm. Graphites is capable of curing many such symptoms. The greatness of the depth of its action becomes apparent in practice as one follows in families the different maladies that present themselves from time to time.

About three years ago I received a patient suffering from a chapped condition of the skin; his forehead and cheeks were a fiery red, covered with dry mealy scales; when overheated the face itched very much and the patient would scratch it until raw, and oozing a clear, sticky fluid. At the wrists, elbows and knees were found similar angry, cracked, itching spots. The skin would crack along the wrinkles or folds of the joints. His hands had to be wrapped at night on account of the manner in which he would dig his body during sleep. Graphites has cured all this.

The last two or three doses of Graphites given to him caused involuntary urination during sleep for about a week after each dose. Each dose having a curative action of about three or four months. Each prescription also caused a wheezing through the bronchial tubes with a dry, hacking, tickling cough, at times sounding like croup. His breathing would be labored as if the lungs were constricted or partially closed.

His mother when a child had an oozing eruption of the scalp, which after about ten years' treatment with ointments disappeared to be followed by intense headaches. She never had a headache previous to her tenth or eleventh year when this eruption was suppressed. When about fourteen or fifteen years of age the menstrual sickness appeared but always with much suffering. These headaches and this dysmenorrhoea continued until about three years ago, when she came for treatment. A few remedies, Graphites amongst them, caused the headaches to become lighter and farther apart, also less pain during menses. But in proportion as these symptoms were ameliorated, the skin upon the fingers of the right hand began to be drawn tight, to be contracted, until finally it cracked in all directions. It is very painful. Lately the left hand has commenced to crack in the same manner.

A sister of this lady, after her last confinement, a few months ago, had cracked nipples which were cured by Graphites.

In these cases we find similar peculiar symptoms running through a family.

In the study of the action of this remedy upon the vital force we find a grand contrast with the action of drug forces, like aconite, that are not miasmatic. The former is slow, only gradually exhibiting its presence by the sense of lassitude it causes, yet there is, peculiarly enough, with this indisposition a sensation of tension in the tissues of the body causing many symptoms. The latter remedy, by its action, suddenly throws the harmonious action of the vital force into a violent torment, and the patient is filled with fears of death, which may actually result from its boisterous action upon the economy. Remedies like this are frequently given to patients for conditions caused by atmospheric changes, while remedies like the former maintain a fairly steady action in all temperatures.

One of the most conspicuous symptoms of this remedy is the cracking of the skin, consequently it is not to be wondered at, that patients feel the sense of contraction in the skin and say it feels as if a cobweb were against the face. You have all felt the light drawing pressure of a cobweb. This is a very expressive symptom, it gives one the idea of contraction or constriction, which runs through this remedy; the skin feels tightened upon the body; other tissues also seem contracted, the tendons feel too short, the chest feels constricted as if it were too narrow, and the nerve tissue becomes so constricted or shortened that numbness comes on.

There is apparently a contraction of all the tissues. The skin contracts until it cracks and oozes a watery fluid that is itself of a drawing, elastic, sticky nature, showing that the fluids of the body are similarly affected. This cracking affects especially the folds of the skin or the places where the skin and mucous membrane meet, causing intensely sore fissures. Its contractile action upon the muscular fibre of the bronchial tubes causes the breathing to become labored and oppressed, the chest cannot be expanded, as in asthma; the lungs are full of wheezing sounds and a constant hacking, tickling cough is produced. The muscular coats of the blood vessels contracting, a venous condition is produced, because of the greater amount of muscular tissue in the arteries, and though the heart struggles hard to rid itself of the incoming fluid, the re-

sults of its inability to do so causes an engorged condition of the veins followed by dropsy in the extremities and abdomen. This remedy, if refused its choice of defacing the outer tissues, may select the nervous system as a suitable sphere for its relentless work, and distress its subject with lack of control of the sphincters. There may be prolapsus ani or contraction of the anal sphincter to a painful degree. That distressing complaint, involuntary urination during sleep, can be caused by its hidden action, though the prover may have an unblemished skin. I remember a case of this trouble that came to me about four years ago. The patient was a girl about eleven years of age, had been afflicted all her life with this weakness. After carefully examining the case a number of times I could find no clear indications for a remedy, yet I gave several remedies at intervals without success. One day an infant, a cousin of the patient, was brought to me suffering from an eruption of the face and scalp, cracked and oozing a sticky fluid; some months afterwards an infant, a nephew of the patient, was found to be suffering from reddish itching spots upon the face, and would weep after scratching. This child's great-grandfather had died of cancer. Taking all the points in consideration and the fact that graphites had caused this trouble in another patient, it occurred to me that there was a miasm in the family, which when allowed to present itself upon the surface called for Graphites. This remedy was given to my patient in the two hundredth potency and it is now some eighteen months since she was promptly cured. Since then I have found several children distantly related to her, with symptoms that were cured by this drug.

In the examinations of these families the true characters of a miasm became conspicuous. How it runs through scores of individuals, who are related by blood, presenting itself in almost every conceivable form, yet always maintaining its individuality. Hahnemann came upon such conditions and found that certain remedies might relieve a particular affliction, which would, however, return or be replaced by another, and that a different and deeper set of remedies had to be found capable of going to the bottom of one's constitution and of wiping out the inner causes of suffering.

These deep-seated maladies Hahnemann attributed to Psora

and the remedies that are able to cure them he called antipsorics, Graphites being clearly one of them.

It is not suited to those sicknesses that come on in a few hours or a few days, but is suited to those conditions of the organism that lie at the bottom of severe chronic sicknesses. Its curative action is slow because the disorder, it is capable of curing are of a slow nature, taking years to develop themselves.

A BRIEF COMPARATIVE STUDY OF ASAFŒTIDA, PULSATILLA AND VALERIANA.*

CLARENCE N. PAYNE, M. D.

Asafœtida is prepared from the gum resin obtained from the root of the asafœtida plant, *natural order* Umbelliferæ, a native of Persia, Afghanistan and neighboring regions.

Pulsatilla is prepared from the whole fresh plant of the Wind Flower, *natural order* Ranunculaceæ, a native of central and northern Europe.

Valeriana is prepared from the dried root of the great Wild Valeriana, *natural order*, Valerianaceæ, a handsome, herbacious plant, also a native of Europe.

These remedies are alike therefore in being natives of the Eastern Hemisphere.

My purpose in presenting this very brief paper is to bring out a few points in which these drugs resemble each other, and also some of their points of difference, and in doing so I shall not follow any particular order in speaking of their symptomatology.

Of the three drugs, Puls. has, as you well know, the most extensive, general action, affecting almost all parts of the body, especially the mucous membranes, and acting prominently on the generative organs of both sexes, and the digestive and respiratory tracts. Whatever symptoms of a nervous character it presents are secondary or reflex.

The general action of Asaf. and Valer. is much more limited, both being nervous drugs, producing, prominently, hysterical symptoms. The action of Valer. is the most limited of the three, as Asaf. affects also the bones, especially the Tibia, the skin, producing ulcers, and the female organs of generation;

*Read before the Bridgeport, Conn., Homoeopathic Medical Society.

and has been found of great value in Syphilitic conditions of bones and skin, especially in cases abused by the use of Mercury, relieving the nocturnal pains of such cases.

(*1.*) The first comparison I make is between Asaf. and Puls. in their action upon the female organs in which they are similar, to this extent, that both produce a profuse, greenish leucorrhea with swelling and inflammation of vulva, also labor like pains in the uterine region, with cutting sensations and bearing down.

(*2.*) The *character* and *direction* of the pains of Asaf. and Valer. Both produce very prominently, sharp, sticking pains in various places, especially in the head and chest, and note particularly that these pains in both, extend from *within outwardly.*

Both produce also various other pains of a tensive, crampy, tearing character.

In the symptomatology of Asaf. you find running all through, twitching in the muscles of the extremities, while in Valer. crampy, tearing pains in the extremities are more prominent.

All I have to say of the pains of Puls. is that they are of a drawing, tearing character, and in the head at least we find pain having same direction, viz., from within outward, but it is a pressive pain, rather than sharp and sticking.

Would say also right here, that the pains of Puls. are often confined to one side (like Cham.) and come on slowly and increase gradually, leaving suddenly.

(The pains of Bell. come quickly and leave quickly.)

(*3.*) All three remedies are alike in this respect, viz.: that the location of their pains changes quickly from place to place, being felt now here and in a moment elsewhere.

(Bell., Caul., Colch., Mang. and Kal. have a similar condition with many others.)

(*4.*) The pains of all three are also alike, in that they are relieved by motion and in the case of Asaf. and Valer. by a peculiar form of motion, vix.: *walking.*

(Lyco., Rhus., Rhod. > by motion.)

(*5.*) Throat symptoms.

Asaf. has "sensation of a ball rising into throat and must constantly swallow it to keep it down."

Valer. "has nausea with sensation of a thread hanging in the throat."

Puls. has a sensation as if a worm was rising into throat; a quamishness felt in the throat; more sick in the throat than in the stomach.

In Puls. this condition is due to condition of stomach and perhaps it is so in Valer., but the symptoms in Asaf. is evidently of a more marked hysterical character.

(*6.*) The condition of Tympanitis is marked in all three, especially in Asaf. and Valer.

In Asaf. a feeling as of reversed peristaltic action with rising and eructation.

Puls. is indicated in condition of much flatulency due to slow and imperfect digestion, especially when the patient is troubled by rolling and rumbling in the bowels in the evening and night.

(*7.*) All resemble one another in having among the mouth symptoms, a fatty or rancid taste. This is most prominent in the case of Valer., where we find the sympton of a "taste and smell of fetid tallow."

(*8.*) And lastly, Asaf. and Puls. are alike in having relief in, and desire for the open air. Valer. differing from both, in having conditions $<$in open air.

MISSISSIPPI.—A license must be obtained from the state board of health. This board meets twice a year to examine applicants for licenses. The examinations are in writing. No distinction must be made because of school system of medicine chosen. A fee of $10.25 is charged for the examination, which goes to the board. A license not recorded with the clerk of the Circuit Court of the county in which the holder resides, within sixty days from the date of its issuance, is void.

Surgery.

POST-PARTUM HEMORRHAGE.

J. K. MULHOLLAND, M. D. NEWARK, N. J.

This subject is one I regret to say on which I can offer little of original thought.

It is fortunate in one sense that we meet with it so seldom in practice, but most unfortunate when we do, that our best efforts are often sad failures. I refer now to the violent and often fatal hemorrhage occurring after the fœtus and secundines have been expelled, and when the womb from any of many causes is unable to contract.

The blood flowing as from a fountain, carrying all before it, and with it often the life of the patient before the attending accoucheur can realize what he has to contend with, and when he does, what then? Time is short, internal remedies useless and expedients few.

Of course in the ordinary haemorrhage which we often meet from retained placenta or accumulated clots and when the womb retains its vital energy, and but for these mechanical obstructions, would close the bleeding uterine vessels by contraction. The experienced physician will know well what to do. He will remove the placenta, turn out the clots and stop the flow by some of many expedients such as compress and binder or the tampon, injection of hot water, Chloride of Iron, or any other means at hand. In the meantime the carefully selected Homœopathic remedy, such as Ipecac, China., Crocus, Trillinum, Bell., Secale and numerous other remedies equally good will secure contraction.

In many such cases I have found Ipecac^{30x} very useful, especially when the stomach is in active sympathy with the womb.

China^{30x} if your patient is in a malarial district, has torpid liver, nervous and sensitive without thirst, will serve a good purpose, and so on, selecting each, according to its peculiar fit-

ness to the case. But in the above violent form of Haemorrhage there is no time for the action of remedies. Something must be done instantly. I don't know of anything better than immediate pressure over the uterine tumor. If there is no tumor to be felt, then compress the whole Hypogastric region, and continue such pressure until you have reason to believe that coagula has formed in the bleeding uterine vessels sufficient to stop the flow, at least for the present, and until the proper remedies and expedients for contracting the womb have time to act. Many years ago, I was called to attend a case in confinement of a delicate, little woman, whom I had never seen before; mother of two healthy looking children, the present being her third confinement. She was yet in the first stage of normal labor. I can't say there was any other stage, for just as the head passed the superior strait a long and violent contraction took place that expelled Fœtus and secundines in one gush and following it the most frightful haemorrhage I had ever seen. It flowed with a gurgling sound like water flowing from a very large bottle. I was almost paralyzed with astonishment and fear. I tried to pull my wits together and think of what was best to do. I remembered reading of pressure on the abdominal aorta and tried to locate it, but do not know in my excitement whether I did or not. The flow continued, however, I think less abundant, I tried pressure by conjoint manipulation, one hand holding the lower segment of womb the other on the fundus; while doing so, I noticed that the flow had apparently stopped. It did, but the poor, trembling heart had also stopped, my patient was dead. I know of no cause for this accident, except it was due to the shock to the nervous system to the last violent effort of the uterus to expel its contents, thereby paralyzing the muscular fibres of the womb and preventing contraction. No anesthetic or ergot was used in this case, to my knowledge. I don't approve of them.

The above case, and another quite recently, are all I have ever seen and I hope I shall never see another. Second case—Was called to a case of labor that had commenced forty-eight hours before, under the care of the family physician of the regular school, who later called in another, who not only approved of the first having given heroic doses of Ergot., but advised lar-

ger and more frequent doses to hurry up uterine contraction. I will here state that the Drs. had told the mother during the night that it was a desperate case and they thought their patient would die. A maiden aunt, a patient of mine, was in attendance also and advised sending for me, which they did without consulting the Drs., so that when I made my appearance I was not very cordially received by the Drs. One of them (the consultant) disappearing in high dudgeon. The other remained however, whether from curiosity or pecuniary considerations I don't know. He rendered valuable assistance later on, however.

I found my patient a strong, healthy, muscular young woman about 28 years old, in her first confinement, and notwithstanding her 48 hours labor and drugging by Ergot, she seemed to have a fair share of vitality left. She had been vomiting much during the night. Slow, weak, intermittent pulse and bathed all over with a cold, viscid sweat. Body and limbs very cold. Had not passed water that she knew of since labor commenced. I prepared some camphor as the symptoms seemed to indicate, it being also an antidote to Ergot, and gave a teaspoonful every fifteen minutes. I then used a catheter, and drew off a small quantity of water. I found the head engaged in the superior strait, os dilated and about the size of a quarter of a dollar. In this condition it had remained for about thirty-six hours, uterine contractions having ceased for that length of time.

In about two hours I prepared Puls.^{30x} and gave it every half hour.

In about two hours she commenced to have slight bearing down pains, which increased gradually, but not strong nor lasting, until four hours had elapsed, then she had two or three vigorous bearing down pains, and a strong, well-developed boy was born.

After waiting about an hour, the after-birth was taken away by traction on the cord and pressure on the abdomen. It came away whole and complete, and following it a frightful hœmorrhage, such as described in my first case. It seemed as if all the blood in the body was trying to leave it at once. Remembering my last experience, I lost no time in getting on the bed and placing my knee and full weight of the body in the Hypo-

gastric region nearly filling the whole pelvic basin. My patient's face became as white as a sheet, and although I hurt her very much she said she would bear it.

I remained in this position nearly an hour. In the meantime my Regular Brother had prepared Ipecac.^{30x} from my case at my request. It was taken every ten minutes. Then he secured a compress and binder and made preparations to adjust it. But when I removed from my awkard position and made examination, I was delighted to find that haemorrhage had ceased.

The case made a good recovery. Now what part the Ipecac played in this, I will leave you gentlemen to consider. But I do know the knee pressure, while it is neither delicate nor dignified, served me a good turn at the small expense of a good pair of trowsers. The doctor always carries it with him. It fits the place and will hold the fort until something else takes its place; it also leaves the doctor's hands free, which are sometimes useful in such an emergency.

In preparing a compress in such cases, care should be taken to provide a large one as nearly globular in form as may be, that when held firmly in its place by hand or bindery, it will be more likely to strike the place of placental attachment than a smaller one, which will sink down below the level of the crests of the illium, across which the binder must be fastened, thereby failing to make the necessary pressure in the proper place.

As to the cause of hemorrhage in the last case, I am well convinced that it was Ergotism. We know that its physiological effect on the uterus is most remarkable. We know that it poisons the very fountains of life, that when its poisonous effects are produced, that its secondary action is more pronounced and lasting than its primary action, hence we have relaxation and hemorrhage.

The vomiting in the early stage of labor in the case, was nature's rebellion against the further administration of this poisonous drug. Then the entire cessation of normal labor pains was another admonition to the impatient doctor, that he was defeating the ends he was trying to accomplish. Then the suppression of urine, another of the poisonous effects of Ergot, together with the deathlike coldness of the whole body, which

was covered with cold clammy sweat, *all* showing the disorganizing action of the poison. Nothing better might have been expected than that which did happen, a frightful hemorrhage.

The lesson to be conveyed, especially to my younger brethren on this subject, is to leave Ergot (and your forceps too) at your office when called to a case of labor. Exceptionally you may send for them in your need or impatience and often before they arrive, nature, wiser than the doctor, will have made them unnecessary.

HOMŒOPATHY'S RELATION TO SURGICAL ANTISEPSIS.*

CHARLES WOODHULL EATON.

A few weeks ago it was my high privilege to occupy a seat in the surgical amphitheatre of one of our honored colleges. I listened and looked while justly distinguished men spoke and operated. I was not merely entertained, I was enriched by their instruction.

Yet one thing struck me a little unpleasantly. On a high shelf, with convenient irrigating tubes attached, stood two large jars. One was labeled "1 to 1000," the other "1 to 2000." For what were these two reservoirs of the bichloride of mercury standing there? For use. Let it not be supposed that they had wandered in from the museum, and were merely illustrative of an alien mode of treatment now happily on the wane. One of them was then and there put to use in the course of a lithotomy. What, then, does their use imply?

This is a large question. It ought to be worth while to think it through to a clear and definite answer. To that end note two limitations. The first is that we are dealing now with antisepsis, not asepsis. Surgical cleanliness, or asepsis, is one thing; surgical germicides, or antisepsis, is quite another thing. Asepsis, interesting and important as it is, lies wholly outside of the present quest. We are limited strictly to antisepsis.

The second limitation is that we now have to do only with *surgical* antisepsis. The antisepsis of dwellings, of garments, of dejecta, of instruments, does not enter the present discus-

*Read by proxy, before the Missiouri Valley Medical Association, Nov. 21, 1894, Omaha, Neb.

sion. All that relates merely to the disinfection of inorganic objects, and is a matter aside. What we have before us is antisepsis as applied to living tissues, denuded, divided, exposed by surgical operations. I beseech you to keep clearly in focus these two limitations, that we be not confused by a great mass of matter which is foreign to the precise point at issue.

One thing more: What does surgical antisepsis seek to accomplish? It seeks to prevent suppuration and septicaemia. Possibly you would add also the prevention of undue inflammation, though this is mainly included in the two conditions named. These two conditions, or at most three, (and they are important enough), suppuration, septicaemia and inflammation comprise the entire jurisdiction of surgical antisepsis.

Now to go back to the main question: What does the use of the bichloride solutions imply? It implies that the best means of preventing suppuration, septicaema and inflammation is the employment of a germicide. That is an impartial and exact statement, is it not? Yet I doubt if those of us who make that statement in deed by the use of bichloride solutions, would be willing to make the statement in word, when reduced, as above, to language. It somehow does not look or sound as satisfying as it might.

For one thing it takes account of the microbe, but not of the soil in which it is to grow. It proposes to kill him, but forgets to make the culture-bed, where he expects to grow, so uncongenial that he could not plant a colony there anyway. This might be well enough could we kill all there is of him. But manifestly this is impossible. When a gelatine slide exposed for a few moments will catch him by the hundred, when the atmosphere is, in other words of Tyndall, "little better than a stirabout of solid particles," it would be absurd to hope that we had killed him all, and shut him all out. Besides, are you willing to introduce the bichloride into the systems of all surgical patients, to blur any subsequent remedy-picture?

For numberless observations prove that drugs so applied are actually and appreciably absorbed. Is it not sound reasoning to leave off chasing the microbe and his myriad and elusive host, and turn our attention instead to the making of these wound surfaces microbe-proof?

Certainly it is if this can be done; but can we do it? Why,

bless our dear, stupid homœopathic souls, of course we can. Go and read Carroll Dunham's experience with Lachesis in his own person. Call to mind the familiar Calendula, Arsenicum and Arnica, and the less familiar Hypericum, Staphisagria and Ledum. There is no better field for the display of Homœopathy than post-operative conditions; and this is equally true, whether we are devotees of bug-etiology or not. And there is no better theatre for the exhibition of our remedies than the prevention of inflammation, suppuration and septicaemia. Such prevention is the very essence of antisepsis. The relation, therefore, of Homœopathy to surgical antisepsis, is vital and enthusiastic. It ought to be equally clear, and equally well understood, that Homœopathy takes advanced ground in this matter of antisepsis, and, instead of being diverted by the microbe, goes straight to the tissues at stake and secures their integrity. It would seem that both the voice and the practice of Homœopathy should enforce the administration of the proper remedy, and oppose the germicidal douche.

I have been content to speak in the language of bacteriology because the present contention remains unchanged be the microbe theory true or false. But lest some future antiquarian should sometimes stumble upon these paragraphs in a back number of an extinct medical journal, the belief is here recorded that the august microbe will one day be relegated to a position in the procession far less prominent than the one he now enjoys.

Should my pen stop at this point it might with reason be urged that this paper failed to justify its existence because vacant of definite clinical content. Here, then, you have it: *I believe Rhus. toxicodendron to be our greatest remedy for Septicaemia.*† I do not forget Arsenicum. Like all dutiful students of Homœopathy I early memorized the familiar rubric, "Poisoning from decayed or morbid animal matter, by inoculation, inhalation or swallowing." And there is no doubt that Arsenicum has influence in this direction. But when you have administered the Arsenicum without satisfactory result (and this will happen not infrequently), just substitute Rhus., and proceed to enjoy the success it will bring. Study the

†A well-known surgeon told me recently that he regarded Pyrogen as the chief remedy for septicaemia. There was no opportunity to hear his experience in detail and I have none of my own to offer.

pathogenesis of Rhus, with this use of this drug in mind, and you will see your way clear to prescribe it. Prescribe it, and you will learn to place great reliance upon it. That this use of Rhus. is so generally overlooked, is inexplicable. A few months ago a physician died from septic infection having its origin in an inflamed bunion. He was under the care of Colleages whom we all delight to honor. The treatment was published, and Rhus. failed to appear anywhere from beginning to end. The pity of it is that this is no cause for wonder, for very few, apparently, are aware of the power of Rhus. in this direction.

Does the writer show his faith by his works? Yes. Permit a single illustration.

On the 18th of last month, being favored with the able assistance of Dr. Geo. Royal as chief helper, I removed an ovarian tumor from a woman of 60, whom I had not seen until the day of operation. The house was a little, old, dirty farmhouse. Despite explicit instructions, there was a rag carpet on the floor. The tumor was in large part solid, so that the incision was extended almost from the pubis to the sternum. All instruments were taken from a pan of boiling water; to the water used in sponging, a little "Succus Calendulae" was added. The complications were so formidable that it seemed for awhile as if the opperation must be abandoned. The parietal adhesions were extensive in every direction. A section of the small intestine had to be literally dug out of a Sulcus in this exceptionally nodular tumor. The vermiform appendix was merged in the growth and had to be amputated. There were mesenteric adhesions to be severed; and both ovaries were involved, which gave us two stumps instead of one. The operation was prolonged; and it was impossible to avoid the escape of considerable quantities of blood into the abdomen. The weight of the tumor was about 35 pounds. After its removal, large clots were taken from the abdomen, while here and there could be seen adherent bits from the outer coat of the tumor, marking points where the adhesions were not to be severed. The abdomen was not irrigated; and the dressing was simply a layer of baked gauze, free from iodoform or other abomination, held in place by adhesive strips.

So far so good. But would she recover? It was a case

where the danger of septic peritonitis was imminent; and she was to be left to the inexperienced care afforded by her family and neighbors. Under these considerations the administration of Rhus. was begun immediately from the very hour of the operation. The result was all that could be desired. The incision healed throughout its entire length by immediate union; and she made a rapid recovery without a single untoward symptom, and with practically no rise of either pulse or temperature.

CARCINOMA: AN UNUSUAL CASE.

HOWARD CRUTCHER, M. D., CHICAGO.

One day, almost the middle of December, 1894, I was called to see J. S., Irish, aged 48, who presented the following history:

Previous health and family history, good; fifteen years ago had syphilis; usual mercurial and potash treatment; three years ago Dr. C. Fenger removed a growth from the right heel. Nine months before my call a growth appeared in the right groin; four months later another tumor came in the right iliac region. Both tumors were hard and somewhat movable; the upper one was the size of a hen's egg, the lower one as large as an ordinary orange. The patient earnestly desired the removal of the growths and to this request I acceeded.

Assisted by Drs. Lydston, Hall and Newton, the attempt was first made to remove the upper tumor. It was lying just without the peritoneum and was firmly attached to the external iliac artery from which it was separated with difficulty. The incision was then extended down the thigh, skirting the margins of the larger growth, which, unfortunately, was also adherent throughout to the femoral sheath. During the dissection the femoral and saphenous veins were wounded and tied; six inches of the anterior crural nerve was resected; nearly every branch of the femoral artery, save the profunda, ligated and the big vessel was denuded of its sheath for several inches. The spermatic cord was exposed and the muscles at the bottom of the femoral triangle were plainly visible. The wound was over a foot long in its entire extent and presented a very ghastly appearance before its closure, which required thirty silk-worm-gut stitches.

The operation required over three hours of dangerous and trying dissection. The limb was not aedematous in the slightest degree, pressure from the tumor long ago having caused enlargement of the superficial veins ; the wound closed with remarkable rapidity; the patient was dressed and walking about the house in ten days; and if any trouble is to come from the missing crural nerve it is not yet apparent. There is considerable stiffness, of course, but this is growing better.

It is hardly probable that this operation, extensive and dangerous as it was, will be of much value to the patient. The operative treatment of malignant tumors is not successful beyond the point of surgical mutilation; it cures nothing. There are cases, of course, where operation is advisable from reasons of expediency, and sometimes patients imperatively demand the knife, but these cases are comparatively rare. Where a tumor occludes the larynx, or the oesophagus, or the rectum, surgery offers a respite of which few people fail to avail themselves. I have at this time under my surgical care a woman, aged 26, who has an enormous sarcoma of the left superior maxilla. The hemorrhages from the growth are frequent and dangerous and their recurrence nearly frightens the patient out of her mind. In this case I think it proper to ligate the common carotid, and shall do so within a few days, since the patient refuses to allow direct interference with the jaw, notwithstanding the extreme and painful pressure that threatens the integrity of the eye-ball every day.

North Dakota—The governor appoints a board of medical examiners, consisting of nine members. Two members of the board are to be homœopathic physicians and one member a lawyer. Applicants for licsnse to practice must be examined by this board in the various branches taught in medical colleges. He must also present evidence of having attended three courses of lectures of at least six months each. The consent of not less than seven members required. Fee for examination, $20.00. License must be recorded with register of deeds of county wherein holder resides.

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER, N. Y., June 15th, 1893.

The quarterly meeting of the Central New York Homœopathic Medical Society was called to order by the President, Dr. R. C. Grant, of Rochester, N. Y., at 11:30 a. m.

Members present: Drs. Biegler, Stow, Dever, Sayles, Seward, Grant, Carr, Schmitt, Johnson, Ross, Hermance, Leggett, Graham.

Visitors present: Drs. Chamberlain, Straten, Neefus, Seitz, Hoffman.

Reading of the minutes. With slight correction the minutes were approved as read.

The Secretary read communication from Dr. Wells upon the lost manuscript of the "History of Homœopathy in the State of New York."

After some explanation by the President, Dr. Carr moves, and Dr. Stow seconds, that a committee be appointed by the President, including the President, to obtain from Dr. Biegler the said "History," and examine its contents with a view to further action by the Society.

Carried.

Dr. Dever thinks that it is quite fifteen years since Dr. Wells was appointed by this Society to write up the "History of Homœopathy in the State of New York," and that it must be fully five years since the manuscript passed into the hands of the Society, and was mislaid. He reminds the Society that Dr. Wells had gone to considerable expense and trouble in his search for facts of interest upon this subject, and that the recovery and possible issue of the manuscript, were matters of grave importance to its author. He hoped that the committee, as a matter of respect to a faithful co-laborer, would expedite matters as much as possible.

Dr. Grant was of the opinion that the work of the committee should not be directed to the authenticity of the subject matters, but to its value.

Dr. Seward, as Chairman of the Board of Censors, next presents to the President a favorable report of the applicants for membership, made Dec. 15th, 1892.

The President calls for ballot upon the names of William G. Brownell, E. V. Ross, W. W. Johnson, Alex. C. Hermance.

The ballots were voted singly, and the new members declared elected.

Dr. W. W. Johnson was appointed by the President to read from section 111 of the Organon.

Dr. Johnson read to section 115 inclusive.

These sections refer to observations made by Hahnemann and others upon the pure effects of medicinal substances on the healthy person, as showing clearly that each is subject to a *fixed law*, by which there is produced certain positive morbid symptoms; as showing primary and secondary effects; as showing an exception in sequence, in narcotics; and, as showing the contrary effects in some medicines, occurring in sequence in the same individual.

Dr. Seward would like to ask if it was believed by any present, that the 30th potency of Opium could produce the narcotic effect?

Dr. Stow was inclined to think it would be possible only upon such as had a peculiar idiosyncracy for the drug; that comparatively it would happen to but few provers. In illustration of section 112, the primary and secondary effects of drugs, a peculiar case occurred in the actress, Lola Montez. The phenomenal intensity and power, that held all audiences entranced, was found to be due to opiates. To produce the required effect, she took the drug mornings, in order that the narcotic effect might wear off, and the secondary, or excitant effect, to which she owed her extraordinary power, might occur in the evening.

Dr. Leggett would ask if you could depend upon a certain effect as primary? Did not one often find what was called secondary effect became the primary effect in individual cases?

Dr. Johnson knows that to be true. In many reported cases the excitant proves to be the primary effect in the individual.

Dr. Seward doubts that a narcotic effect could be produced upon a prover with the 30th potency. As for himself he might take it for months without effect. Cites his experience with Lyc. some years ago when he had taken a two dram vial of the tincture for the purpose of proving the drug. It was the 30^{c} potency, and he would take a drop dose every day or two, waiting for the effects, and finding none, repeat. Finally preparing it in water, he tried the effect in more frequent doses, yet did not obtain a symptom. Thinks too many of our drug symptoms have been obtained through the administration of crude drugs.

Dr. Ross believes that the best and most reliable provings have been obtained through the provings of drugs in high potencies. One of the best cases he ever made was upon a symptom of Psor., developed under the 30^{c} potency two months after the prover had taken the dose. It was the symptom of "white suppurating pustule upon the right *septum narium.*"

Dr. Dever thinks it generally conceded that the proving of Lach. and Lyc., in high potencies, are among the most reliable in the Materia Medica.

Dr. Stow reads section 63 and also the reference to opium in section 113. He believes that the same care should be taken in selection of a remedy suitable to a prover, as in selection of a remedy upon its indication for application to the sick. If the remedy has no relation whatever to the prover you get no response.

Dr. Seward would have discontinued Lyc. at any time had he felt the slightest effect.

The President adjourned the meeting until 2:00 p. m.

Meeting called to order by the President, R. C. Grant, M. D., at 2:00 p. m.

Medical subjects being next in order, Dr. Dever was called upon for his paper upon

OUR BIAS.

The Central New York Homoeopathic Society has for its object, as we all know, the furtherance of those fixed and eternal principles, which were first demonstrated by the immortal Hahnemann, and since practiced by his followers with a certainty which might reasonably leave no doubt as to the universality of the law of similars. While the paramount object of this Society is the keeping of the faith once delivered

to the saints, "pure and simple," it has other purposes which are two-fold in their nature, and draw their inspiration from a noble prompting to help others to investigate those silent forces in nature, which make well people sick, and make sick people well, for there is undoubtedly no force in nature, be it organic, or in-organic, which under certain circumstances will not so operate upon the vital forces of man or animal, that it will not change the physiological functions from normal to abnormal, or sick condition. Hence, *from our environs, we are made sick providing we possess that peculiar susceptibility to the sick making influence which surrounds us.*

The above proposition being true, as we have abundant reason to believe, it is easy to account for the change of sick conditions, which are attributed to change of season or location. Nevertheless, we as Homœopathic physicians, find still greater causes operating upon man, which stamp has difficulties as individual and peculiar, and then conjoined with external sick-making influences develops that form of difficulty peculiar to himself. It is a well known fact that nearly all, if not all, are susceptible to certain medicines, consequently we have the aconite, arsenic, belladonna, bryonia, calc-c, and many other patients, whose temperamental peculiarities render them sensitive to an impression corresponding to some of those medicines. This is true of all patients, they all, when an impression is produced upon the life centres, manifest symptoms like that produced by the influence of some medical substance. All are not subject to the same impression, as the Arsenicum temperament would resist the Aconite sick-making influence; whereas the Aconite temperament would not be in the least disturbed by the long and tedious train of symptoms peculiar to the Arsenic sick-making influence. Hence during an epidemic disease, all are not subject to the same epidemic influence, but only those whose constitutional make up renders them susceptible to the prevailing epidemic influence; others being remarkably exempt.

Now this peculiar sensitiveness will serve us a good purpose during any prevailing sickness. We find that during an epidemic, we will say of diphtheria, all of our cases demand Merc-c., or some other remedy peculiar to the sick-making influence and individual susceptibility as well. I have passed

through three epidemics of diphtheria since I have been a homœopath, and the epidemic remedy was different in every case. The first epidemic of this dread disease demanded Merc-cor., for the reason that the sick-making influence corresponds to that remedy, and for the second reason, none fell sick save those who were highly sensitive to the mercurial influence, all others being exempt. On the other hand, the mercurial patients would not be stricken during a Lach. epidemic of diphtheria.

Then it is not wholly our environs that make us sick, but we carry within us that which invites that of its own kind, and it might be possible for the physician to predict in advance of an epidemic, who would fall a victim to the disease. Of course, this is in advance of our present knowledge, but we have to go one step further and learn the susceptibility of our patients, and then after we have followed Hahnemann's directions, which are the writing down of the symptoms of a number of individuals and studying them as a whole, we will not only be able to select the epidemic remedy, but to still further investigate temperamental peculiarities that may put us in posession of this much to be desired knowledge, and point to such as will suffer from each particular epidemic. ISAIAH DEVER, M. D.

Dr. Dever's paper was opened for discussion, as presenting a broad field for consideration.

Dr. Biegler supposes this to be a subject, that is so thoroughly understood by the members present, that there is but little left for discussion. He thinks the paper will be of great benefit to the younger members when published and brought within their reach.

Dr. Schmitt thinks there is one impression that might be made by the paper, that would not be true, i. e., that every epidemic may be controlled by one remedy, and only such as were effected by that remedy would be sick.

DR. DEVER—No, indeed, but that those who were effected would only be effected according to their own peculiarity, or susceptibility.

DR. BIEGLER—We find certain remedies, or set of remedies, of especial use in certain epidemic diseases because of their capability of producing derangements resembling those of the epidemic under consideration. Hahnemann told us of remedies

useful in the cholera, which were suitable for those epidemics of the disease which he had observed. We shall find others of the same nature, that will be useful in other epidemics. In reviewing and comparing my practice with that of others it may be considered fairly successful, and I always prescribe the remedy indicated in that individual. After having made many prescriptions in the same epidemic, we often find that one remedy has been more frequently indicated than another; but we should never prescribe it because of that fact. A case of throat affection, left side, for which I prescribed this morning, may serve to illustrate a point in Dr. Dever's paper. I gave Bell., finding a typical Bell. patient even though it was a left sided affection.

DR. DEVER—That is just the point. We mean that the patients described as Belladonna patients will develope symptoms calling for that remedy when an epidemic of their kind visits them. It is a constitutional idiosyncrasy, if you please, that in all acute attacks developes the symptoms of that particular remedy.

DR. SCHMITT—In 1881 or '82 we had in Rochester, an epidemic of genuine croupous pneumonia. Many died under allopathic care. The homœopathic remedy was Belladonna. That cured every case in my practice. The crisis given from allopathic authority, is in the sixth day. In my cures made under Belladonna it occurred invariably on the fourth day.

I was called, at that time, to a young girl with pneumonia, that had been given up by the old school physician. She was sick nine days. As nearly as I can remember, the symptoms were as follows: pulse, 140; œdema of both lungs; perfect unconsciousness. Knowing that Belladonna was the epidemic remedy I gave it to her in the ^{cm} potency at 4 p. m. Next morning, consciousness had returned; pulse 96; œdema of the lungs considerably diminished. She recovered.

Dr. Dever's first case of Diphtheria was one in which Merc-cor. was indicated, and during the entire epidemic, Merc-cor. was the curative remedy. That epidemic taught him much in relation to homoeopathy. In an epidemic coming two or three years later, Mercurius could not touch a case, while Lachesis proved to be the curative remedy; and under his observation, which was extensive—he being the health officer, he had seen

some four hundred cases—he had not found that any of the people, who had been subject to the epidemic cured with Merc-cor., were subject to the next epidemic in which Lachesis was the curative. Still another epidemic in which Crotalus was indicated, only the Crotalus temperament was stricken with the disease.

Dr. Stow thinks many have deemed him a crank because he has constantly insisted, and asserted, that as yet we know but little of contagious disease. He has come to regard measles, scarlet-fever, in fact all zymotic diseases, not as being produced by the *genus epidemicus*, but by a force operating upon a class of persons susceptible to that particular influence. The modern trend of thought is toward modification of the old ideas relating to contagions. It is not that we are made sick by our environments, but by a something we carry within us, that is susceptible to stimulation by this surrounding and peculiar contagion. Small-pox is contagious because the group of symptoms that we designate as small-pox resembles certain latent conditions in the temperament attacked, which we call susceptibility, which induces the particular effect upon that organism.

Dr. Schmitt has an idea that this susceptibility is based upon a more or less active miasm existant in the organism. He considers *measles*, *Dutch measles*, *small-pox* and *chicken-pox*, as expressions based upon a susceptibility caused by the *sycotic* miasm ; that *scarlet-fever*, *diphtheria*, are due to *syphilis*, and that *erysipelas of the face* has a basis in the susceptibility caused by psora.

Dr. Dever—Is not psora at the bottom of all diseased conditions?

Dr. Biegler—The so called contagious diseases certainly manifest themselves differently upon a *syphilitic* than upon a *psoric* base, and when developed upon a *psoric* base, they will be found to differ from either. Had liked what Dr. Stow said in regard to contagion, and had taken very little stock in microbes, etc. He believed that it was a diseased state of the system that admitted the possibility of a development of the contagious influences. Suppose the patient to have within himself the element which causes a susceptibility to the influence of cholera; he at once takes cholera. There must be a predisposition in the system to the influence of any contagion.

Dr. Stow thinks that miasmatic disease has been inoculated into the organism for generations, and that combined with vaccination, has brought untold misery.

Dr. Biegler—Vaccination may modify the disease of small-pox, but lay the patient open to greater susceptibility in other directions. Has long been of the opinion that vaccination for small-pox creates a greater susceptibility in the same patient for diphtheria. He prevents his families from vaccination as long as possible, until an epidemic should break forth, when he would probably have to succumb to the authorities.

Dr. Grant—What is one to do when the Board of Health rises up and demands the vaccination of all the pupils in the public schools?

Dr. Biegler—Keep the children out of school for a few weeks until the furore is past, then let them begin again. It is better that they lose a few weeks schooling than that they become invalids for life.

Dr. Grant has succeeded in doing that so far.

Dr. Biegler—The Health Board have the druggists as interested parties in the disposal of the lymph, and the druggists are pushed by the governmental department, where thousands of dollars are to be made, and the public vaccinator receives his stipend so that it is like a party of one against an army to fight them, especially when plenty of doctors are ready to take the latter position.

Dr. Dever quoted Dr. Close, of Brooklyn, with the suggestion of variolinum as a prophylactic.

Dr. Biegler thought we might believe in the power of variolinum as a prophylactic.

Dr. Ross knows that the administration of Bell. in scarlet-fever acts as prophylactic. Quoted cases where but one of the family had the disease.

Dr. Leggett was inclined to think that a remedy was prophylactic only in such cases as would have taken the small-pox; therefore, in those only who showed signs of having proved the remedy administered. Those upon whom variolinum had no effect, would not have had small-pox.

Dr. Johnson cited a peculiar condition of things in the last epidemic of scarlet-fever, when but one of a family would take the disease even when there were many children. He and other

physicians, both schools, had the same experience, and no prophylactic was given.

Dr. Seward wished to know the character of the rash in the cases where Bell. proved to be prophylactic.

The President then asked Dr. Carr, who was present at the meeting of the I. H. A., for a report of that meeting.

Dr. Carr might say of the meeting that it was a very enjoyable one. It was well attended, but not as largely attended as when it was held in the East. Many and voluminous papers were presented to the different bureaus, but as they were presented without their authors, and the rule for reading only by their authors, or in their presence, was enforced, most of them were referred to the publishing committee. The questions of difference that so interfered with the harmony of the meeting of last year came up and were harmoniously settled. Dr. Edmund Carlton, of New York, was elected President for the coming year. Dr. Wesselhoeft resigned from the office of Chairman of the Board of Censors, because of his expected absence in Europe. As necrologist for the Society, Dr. Carr had nothing to report, which had been a matter of congratulation. He believed that he was, with one exception, the only representative of the I. H. A. from New York state. The next meeting of the I. H. A. will be held at Niagara Falls.

Dr. Stow moves a vote of thanks to Dr. Carr for his very interesting report of the meeting of the I. H. A.

The President in the absence of essays, or essayists, presented Dr. S. G. Hermance to show some of the weak points of the paper that lately appeared in the Brooklyn Eagle, from Dr. Searl of that city.

Dr. Hermance would give but a brief sketch of the thought presented by Dr. Searle. It was an article that would doubtless attract attention from a large number of the profession, especially "that brief handful of Bourbons, who with solemn tomfoolery, enacted retrogression at Rochester, N. Y."

The article is a plea for "liberal" homoeopathy, and the examination of homoeopathic applicants in the physiological effects, uses and doses of drugs.

Dr. Searle states that there is a crisis pending in the history of homoeopathy, and that decisive action must be taken by the State Society in relation to examinations necessary to the prac-

tice of medicine in this state. He discusses the syllabus of the State Board of Examiners at length, shows (?) the necessities that the student should understand the physiological action of the drug, dosage, and therapeutic usage of the old school. He differentiates at length the syllabus of each. The state law virtually says, that homoeopathic applicants for diplomas, shall be examined in the department of therapeutics, practice and Materia Medica, and in the tenets of homoeopathy ; then what have applicants to do with the tenets of the Old School of medicine? Would such examination be legal as the law now stands? Searle quotes Lewis as saying, "the tenets of every educated physician may include homoeopathy, they must include vastly more," which he interprets to mean that in therapeutics a homoeopath must be examined in the therapeutics of the Old School as well as the school of his choice. That which is not homoeopathic in therapeutics, practice and Materia Medica, does not concern the homoeopathic applicant for a license to practice medicine.

Dr. Schmitt had not read the article in question, and was easily "tired" by such articles. Thinks with that for substance of the paper, we might better do away with the state examining board, take the regular examinations without question, practicing homoeopathy afterward *if we can.*

Dr. Carr quotes one as saying that it was the duty of all members of the I. A. H. to become members of the A. I. H. for the good they might be able to accomplish as missionaries.

Dr. Schmitt quoted Cowperthwaite as asking—after having listened to the discussion of the learned body of the A. I. H. in Saratoga a few years ago—"if this was a homoeopathic body?"

Dr. Carr spoke of meeting the lately made member of the I. H. A. from Calcutta while in Chicago. He had been greatly interested in the proceedings of both Societies, and greatly enjoyed the International. He expressed his surprise at the discussions in the session of the A. I. H., saying, "gentlemen, if we should advocate such methods in Calcutta, we should not be allowed to practice."

Dr. Hermance believes we should begin to missionarize in the county, and continue in the State Societies; that there are many young men to be influenced to the right, etc.

The President suggests as a topic for discussion, sections 1, 2, 3, of the Organon.

Dr. Schmitt suggests that in former years, when subject matter failed to be presented, a remedy would be proposed, and each would give his experience. Many times the discussions brought out fine points. Remembered to have learned the symptom of "snow-white stool" from Dr. Seward. He would propose a discussion of Baccillum or Tuberculinum. A child, four years old, born of a tuberculous mother, who soon died after giving birth to this little girl, suffers from kyphosis, and also from rattling cough with hectic fever every night. A dose of Baccillum ^{cm} was given in six tablespoonfuls of water, one tablespoonful night and morning. Aggravation of cough and fever for a week, then improvement, until the cough and fever disappears altogether. Of course the kyphosis remained unchanged.

Another case in which the prescription was empirical. Woman, diarrhoea; had lost two brothers and a father with consumption. Middle of right lung was infiltered. Sulph. had been prescribed; had helped; had ceased to help and had never touched the diarrhoea. Tuberc. ^{mm} was followed by recovery. Later when she again came to my office for help, she needed the first remedy, Sulph.

Dr. Straten proved Tuberc. last year with the characteristic Sulph. diarrhoea.

Dr. Stow—Many have fought the nosodes, and will not say but that he has done the same ; for this reason the discussion is very interesting. Here is a phase in which they must be useful. In certain diseases, such as tuberculosis, results of suppressed itch, etc., there is always a tendency to emaciation, hectic, night-sweats, diarrhoea; cases where inoculation from cutaneous disease, perhaps long years before, may have roused up latent conditions. Psorinum was but little known a short time ago. Now look at the sphere of its usefulness. If this nosode has proved its usefulness, we must investigate others that are presented, that we may have more power to accomplish that which was never done before. Had a case of Eczema, that Sulph. had improved, but not cured. It was cured by Psorinum in a very short time. Have had marked results in zymotic disease in slow convalescence with the same remedy.

Dr. Dever has had an experience with Tuberc. A woman, after labor, had been in so wretched a condition as to be taken to the hospital for treatment. She returned with chills, night-sweats, diarrhoea and a greenish expectoration, that was diagnosed tuberculosis. A dose of Tuberc.^{cm}, so improved her that she came for a second prescription. A repetition so < her symptoms, that she thought she was going to die, and began beef, iron and wine as a tonic. In spite of this addition, she is improving.

Dr. Carr—Now that we have provings of the nosodes, we can, and do prescribe them homœopathically, and the prescription ceases to be empirical.

Dr. Straten related his experience of the provings of Tuberculinum with the ^{cm} potency. Mentally there was great anger, with inclination to swear, violent morning diarrhoea. Like Sulph., great sleepiness night, and day, and the clinical cure of a long standing cough. Related a case of an old man, broken down with sexual excesses, to whom he gave Tuberc. ^{cm} and in two weeks the patient began light work on a farm.

Dr. Graham reports a case of glandular enlargement in a young girl. Had removed a number of glands by knife. She then developed thickening, and inflammation in the periosteum of the fore-arm. Tuberc. ^{cm} was given; pus formed and was discharged by the knife; the patient has improved in general health and the wound is healing kindly. Will report further developments later.

Dr. Leggett reports case of tuberculosis in a clergyman in whom the effects of Tuberc. seem benign.

The President appoints an aditional committee upon the subject of the "History of Homœopathy in the State of New York," Drs. Biegler, Johnson and Ross.

The President appoints as essayists for the next meeting, Drs. Clapp, Hoard, Schmitt and Straten; the latter to present his provings of Tuberculinum.

Adjourned, Syracuse, N. Y., September 21, 1893.

Editorials.

WHAT IS DISEASE?

The sooner our mind is freed from the error of regarding the *material* evidence of disease as the thing to be removed in the treatment of the sick, the sooner will we be able to comprehend the wonderful simplicity of the "law of cure" formulated by the master mind of Hahnemann, and see the chaotic confusion of theories regarding the *nature* of disease disappear and in its stead will be found that comprehensive fact of an universal law working with mathematical exactness at all times and under all circumstances.

It might be noted, that Hahnemann drew a sharp line between what he *knew* and was able to demonstrate, and what was still in the transition stage of experimental development. He was uncompromising with error, positive, but logical, in his statements of demonstrative principles and simply suggestive in his lines of unfinished investigation of the nature of disease.

Hahnemann presented the idea of a vital force, dynamis, vitality, life, transmitted to the cell structure at the moment of cell formation which possessed the power of selecting the elements necessary for the existence, and development of the same into the most complete organism ever designed by the Creator. The degree in which this transmitted vitality was perfect in itself and undisturbed in its environments determined the health or sickness of the organized structure; and the character of any diseased condition depended upon the *nature* of the impairment of the vital force transmitted to the offspring, and kind of disturbing influences brought into contact with this particular dynamis or life under consideration.

The effects of disturbing influences upon an already impared vital force, due to inherited weakness, in its work of directing the construction of so complex an organism as a human body is made apparent when the individual is brought before the trained observer for advice.

So marked may be the departure from the normal condition that the nature of the impairment is recognized *at* a glance, and the constitution pronounced of a Calcarea, Sulphur, Phosphorus or Silicea type, meaning thereby that they present conditions similar to what would be seen were a healthy individual to be subjected to the influence of such a disturbing agency for a sufficient period of time.

The individual inheriting an impaired vital force is handicapped throughout life, for it performs its own legitimate work in an imperfect manner and at the same time must contend with adverse influence in every stage of its existence in the body under its control.

The physician trained to the recognition of the *true nature of disease* is prepared to recognize not only the underlying cause or constitutional tendency, but to determine the nature of the more recent distributing influence, and to select that force which will best enable the inherent life of the individual to repel that which is interfering with its legitimate functions.

Special attention is called to the Proceedings of the Central New York Society for this month because of the many valuable suggestions therein contained, *e. g.* Dr. Dever says:

From our environs, we are made sick, providing, we possess that peculiar susceptibility to the sick making influence which surrounds us.

This "Peculiar susceptibility," being due to the combined influence of this impaired vital force with disturbing agencies, not only during the pre-natal stage of development, but during the life of the individual, resides not in the physical structure but in that which presides over the same. Again he says

It is a well known fact, that nearly all, if not all, are susceptible to certain medicines, consequently we have the aconite, arsenic, belladonna, bryonia, calc-c, and many other patients, whose temperamental peculiarities render them sensitive to an impression corresponding to those medicines.

Hence during an epidemic disease, all are not subject to the same epidemic influence, but ouly those whose constitutional make up renders them susceptible to the prevailing epidemic influence; others being remarkably exempt.

How much more satisfactory is this solution of the peculiar selection of cases in epidemics than the prevailing one of a germ of a peculiar form causing all the disturbance.

The doctor then allows this deduction to be drawn:

Then, it is not wholly our environs that make us sick, but we carry within us that which invites that of its own kind, and it might be possible for the physician to predict in advance of an epidemic, who would fall a victim to the disease.

As Editor of the Ophthalmic Clinical Department of the MEDICAL ADVANCE, I desire

First, To receive reports of interesting and instructive cases, wherein the eye symptoms seem of prime importance, and all Homœopathic physicians are hereby cordially and earnestly invited to aid in contributing reports of such cases, for publication in this journal.

Second, The technical terms in Ophthalmology are so exact and descriptive of special structural charges that a far more definite knowledge of the case treated, relieved, unrelieved or cured, can be understood and known when the exact Ophthalmological terms are apprehended and employed in the description of each case, hence, for this reason, it is requested that such terms should be employed in reporting all cases.

Third, As the profession is growing to appreciate more and more deeply the diagnostic value and importance of symptoms of the eye early apprehended with reference to the correction of impending evil, as illustrated by the necessity for early diagnosis in Bright's Disease, by retenal inspection; correction of refractive errors, and heterophonae, to cure neuroses, etc, etc., and in order to emphasize the importance of reporting subtle symptoms of the eye, early observed, and associated with the general picture of a case, homœopathically studied, the Editor can hardly over-emphasize his willingness to harrow down, into this single department, the general pictures which it is desired my confreres shall do in reporting an ophthalmological case. The mental state, as well as physical symptoms should be exhaustively and correctly reported, embracing the causation, so far as can be determined, and all concomitant symptoms, including not only specific or curious subjective ones, as illustrated by the character and peculiarity of mental disturbances and illusions; sensations in vertigo; conditions in acute or chronic optic neuritis; in amaurosis or ambliopia, where we have peculiarities not only in sensations, in appearance of

forms, relating to size, position, shape, etc., etc., but also as to the objective manifestations, as illustrated by different kinds or degrees, if diplopia, hemiopia, photopsia, existence in position and form of scotomata, or blindness in the whole or part of the visual field in one or both eyes, etc., etc.

Fourth, This department particularly desires expert testimony, and report of cases, by our oculist confreres, and by this help it is to be hoped that the matter of attack by world-wide known alopathic oculists, throwing doubt upon the results in homœopathic treatment of carefully directed cases, will thus be placed beyond the chance of adverse criticism and disbelief as to a correct diagnosis; instead of being left open to a sample of criticism, as that wittingly applied, I think, by the late Dr. Oliver Wendell Holmes, in his description concerning amaurosis, wherein he said, "amaurosis is a condition wherein both the doctor and his patient equally sees nothing." Wishing, as we do, exactness, we can attain this end only by a careful description of the general picture and an exact diagnosis, with an authoritative scientific and technical report, both before, during and after treatment. By this method of procedure such reports should prove of considerable service in the scientific advancement of our school, and do much to overcome the opprobrium cast at us by the old school, by showing we have an accomplished corps of homœopathic oculists, who can not only diagnose but *do* cure serious ocular lesions—diseases, too, that from the alopathic stand point of therapeutics, are often incurable. By such thoroughness we shall be in a position for exactness in diagnosis and treatment, that will stand the test of criticism and place us before the highest plain of confidence, surrounded in our position, by a wall of strength, that cannot be gainsaid or successfully assailed by adverse criticism; in other words, when a case of glaucoma, cataract, retenal detachment, or hemorrhage, irido-choroiditis, disseminated choroiditis, retinitis pigmentosa, etc., etc., is reported as arrested or cured, a description of such a condition, as represented, should be so exhaustive and exact, as to make positive the statement that such a condition of disease did *actually* exist and was *actually* cured, without leaving the slightest shadow of a doubt existing in the mind of the reader as to a correct diagnosis not having been made, that an iritis should not be reported as an con-

junctivitis, or an conjunctivitis as an iritis, and so on, *ad infinitum* through the whole list of the scientific nomenclature belonging to the ophthalmological specialty.

Fifth, The Editor would be pleased to have reports of *cures* or medicinal aggravation of symptoms, *rare* and *characteristic*, especially such as are already noted under eye symptoms, in our Materia Medica or are conclusively proven in practice, for instance, under *China* we have the symptoms, "can only see objects when looking at them sideways (also *China Sulph.*); in reading, letters look pale and seem surrounded by a white border; both of these symptoms I have verified in practice; as curable by China; the value of such symptoms, in any case, however, is emphasized by the concomitants attending them, and this remark applies equally in the choosing of the similimum in every individual case. Under *Stram.* we have hemeralopia, (night blindness) i. e., one sees well by daylight, but at night or under any feeble illumination one loses the ability, at least, comparatively, and always markedly. *Stram.* has visual illusions, as of seeing dogs, cats, rats, and all sorts of insects; at the same time has flickering and fiery visions. A marked symptom under *Stram.* is that objects look smaller and more distant than they actually are, (see also *Chloral*, *Merc. Cor.*) objects look double and obliquely placed; the ability to accommodate is markedly lessened, and very slow. In a case of quinine poisoning, pronounced incurable by several alopathic oculists, where after 90 grains of quinine was taken, two years ago, the patient lost, temporarily, all perception of sight and hearing. He regained the latter, however, four or five days later, but his restoration of vision was so imperfect and circumscribed by contraction and dullness in the visual field that on his visit to me, one and one-half years afterward, he saw imperfectly, as if looking from the end of a tube, the calibre of which seemed about two inches in diameter, and to see beyond the outside circumference of this limited space, he must excessively turn his head. His field of vision as measured by the perimeter, for red, in right eye, was 20° outward, 5° inward, 5° upward and 10° downward ; in the left eye 'twas 15° outward, 5° inward, 10° upward and 15° downward. He had lost, practically, all ability to accommodate, and it took an appreciably long time to gain any approach to a focal ability; he was tryingly sensitive to all light, and in coming into the

subdued light of the room from the light out of doors, he was blinded for a long time; had flashes of light in colored streaks. On ophthalmoscopic inspection, the retinae and blood vessels showed the characteristic appearance of quinine amaurosis; they were as white and blanched as a sheet of white writing paper, and the retinal blood vessels looked like mere threads of red upon it. With a few doses of *Stram.* 2^{c}, and^{cm} at intervals, he has largely regained his visual ability, and has again engaged himself into business. *Plumb.* was chosen first and given without effect.

With *Crocus rat* was cured a case with the following symptoms, superven ng upon an attack of irido-choroiditis serosa, where I made an iridectomy, and treated with remedies. A sensation as if the left eyeball was too small and loose in the socket, associated also with the feeling, at night, as if the eyelids were held down by a weight, and on attempting to open them by force she felt a tension and pressure and was finally, after much effort, only able to open them imperfectly. These symptoms do not, of course, usually follow, or belong to a case of irido-choroiditis serosa, *per se*, but they existed in this case, and as the similimum dissipated these sensations, the eye followed suit in getting well.

A prominent condition, cured in a middle-aged lady, associated with the Iodine symptom of "pulse accelerated on motion," was an appearance in the visual field of right eye, as if the whole area was occupied by irregular shaped patches and bars, which greatly obscured vision; between the interstices of these patches were clear places, like rents in a blanket, through which vision was clear, but necessarily circumscribed and curtailed on account of the limitation in area of these clear places. This condition had been present for months and probably had supervened upon an choroidal hemorrhage into the vitreous body, the blood had been absorbed, leaving masses of depoits, which could be clearly seen under oblique illumination. A few doses of *Iodine*, given at invervals, covering a period of about three months, dissipated entirely the deposit, and the result today is perfect clearness in the vitreous humor, and consequent clearness of vision.

These cases, and results of treatment by the similimum, might be reported almost indefinitely, but these serve as an il-

lustration as to what is desired in the homœopathic report of cases, and, if followed, will make the reports of mutual and great advantage.

FRED'K WILLIAM PAYNE,
Editor Ophthalmic Department.

Boston.

THE HAHNEMANN ASSOCIATION.

This new society whose object is to perpetuate the memory of a grand epoch in medicine, to do honor to the memory of Samuel Hahnemann and to promote a more genial intercourse and good fellowship among his followers, was organized on the evening of November 15th with 322 charter members.

This is purely a social organization, meeting in New York in November of each year. Its membership is open to *all* homœopathic physicians, either ladies or gentlemen, and from all parts of the country. Applications for membership should be accompanied by the initiation fee of one dollar and forwarded to Dr. Alton G. Warner, 194 Schermerhorn Street, Brooklyn, N.Y.

The first annual gathering and dinner was unanimously considered a grand success. After a most enjoyable social hour in the parlors, members and their guests sat down to an elaborate dinner in Jaeger's large banqueting hall.

The post-prandial part of the programme was opened by introductory remarks by the President of the Association, Dr. A. B. Norton, and was followed by an able tribute, "In Memoriam, Samuel Hahnemann," by the Toast Master, Dr. Geo. G. Shelton.

The toasts of the evening were exceptionally well responded to and were as follows :

"In Days of Yore," E. M. Kellogg, M. D.
"The Doctor in Politics," Henry M. Smith, M. D.
"Harmony," a poem, Wm. Tod Helmuth, M. D.
"The Doctor and the Dominie," Rev. Chas. H. Eaton.
"As Others See Us," Hon. Melbert B. Carey.
"Our Lady Guests," Seldon H. Talcott, M. D.
Introduction of the President Elect, J. Lester Keep, M. D.

A Parting Ode, words by Dr. Helmuth, was then sung by all present, accompanied by the Royal Hungarian Orchestra, who discoursed their sweet music, the entire evening.

The officers elected for the ensuing year were :

President, Dr. J. Lester Keep, Brooklyn.

1st Vice-President, Dr. Martin Deschere, New York.

2nd Vice-President, Dr. J. B. G. Custis, Washington, D. C.

3rd Vice-President, Dr. Chas. F. Adams, Hackensack, N.J.

Recording Sec'y., Dr. Chas. H. Helfrich, New York.

Corresponding Sec'y, Dr. H. D. Schench, Brooklyn.

Treasurer, Dr. A. G. Warner, Brooklyn.

Member Exec. Com., Dr. A. B. Norton, New York.

Among those present were Dr. and Mrs. Helmuth, Dr. and Mrs. St. Clair Smith; Dr. and Mrs. Houghton, Dr. and Mrs. Shelton, Dr. and Mrs. Wilcox, Dr. and Mrs. Boynton, Drs. Doughty, Keeting, Brown and White, of New York; Drs. Keep, Willis, Chapin, Winchell and Muncie, of Brooklyn; Dr. and Mrs. Phillips, of Boston; Dr. and Mrs. Custis, of Washington; Dr. and Mrs. Butler, Dr. and Mrs. Adams, Dr. and Mrs. DeBaum, Drs. Dennis, Church and Mandeville, of New Jersey; Dr. and Mrs. Hoag, and Dr. Sanford, of Bridgeport, Conn. and over two hundred others.

This first gathering of the Association proved such an extremely pleasant occasion to all who were present that the success of the Association is assured, and next year it will be difficult to find a banqueting hall large enough to accommodate the numbers who will desire to attend, because the ladies enjoyed it so much they are all anxious for its repetition.

The credit of such a pronounced success of a new organization is due to the active personal work of each officer of the Association.

TO THE MEMBERS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

Owing largely to the unhomœopathic teachings of many of our "Homœopathic Medical Colleges," the ratio of increase of Hahnemannian practitioners has not kept pace with the rapid growth in numbers of the so-called Homœopathic physicians; but in spite of this serious adverse influence, there are evidences on every hand, both among physicians and laymen, of a demand for purer doctrines and a more loyal practice.

The establishment of flourishing Organon Societies in many places are among the cheering indications.

Are we, as members of this Association, from which much is expected, doing all we can to meet this demand?

Does our duty to the cause, end with fidelity to our Declaration of Principles? Is it not also incumbent upon us to take the lead, to do our best towards bringing together in the I. H. A., so far as possible, every sound Hahnemannian, many of whom have not yet been enrolled as members, but who should stand shoulder to shoulder with us in this crusade of "the faithful" against eclecticism, masquerading under the guise of Homœopathy?

Let us make no delay in obtaining applications for *Active Membership*, remembering that such applications must be in the hands of the Chairman of the Board of Censors at least six months prior to the next annual meeting.

Many of those who today are involved in the uncertainties of a mixed practice, have been led astray by false teachings; they have had no fair opportunity to know even the logical principles of our art of cure, nor to witness the superior results of a genuine Homœopathic practice.

Many of them, sincere and honest men, dissatisfied with their present experiences, are longing for a better way, and our Association would be to them an *educational* institution. It needs but your personal solicitation to induce many of them to apply for *Junior Membership;* where, without committing themselves in advance to our Declaration of Principles, they would be able to secure the benefits to be derived from attending our meetings, listen to our papers, participating in our discussions, and in fact entitled to nearly all the rights and privileges of full membership. Ultimately, many of these Juniors will be saved to the cause, and become Active members.

Applications for Junior Membership may be obtained now, by applying for the same to

A. R. MORGAN, Chairman Board of Censors.

Waterbury, Ct., Nov. 24, 1894.

IDAHO—Requires that a diploma from a reputable medical college be recorded in the office of the recorder of the county in which the identified applicant resides.—*Minneapolis Homœopathic Magazine.*

DR. JOSHUA EMMONS

Died, November 26th, 1894, at 1:30 p.m., at his home No. 17 South Eighth Street, Richmond, Ind.

On the evening of April 6th he sustained a fracture of the neck of the femur while alighting from an electric car in motion.

He thought he was able and did resume his practice in July, but about the first of September he was compelled to abandon it and confined himself to his room, and finally his bed, where he received the kind and loving care of his devoted wife and son until called from labor to reward.

Dr. Emmons was born near Middletown, Butler county, Ohio, on the 5th day of December, 1826. His youth was spent on the farm, during which time he attended the district school and Monroe Academy. He taught school at the age of seventeen, and continued teaching as a profession up to the time when he entered the Eclectic Medical Institute, of Cincinnati, from which he graduated in 1850. At the time of his attendance, the Institute was provided with one Homœopathic professor, under whose teachings the Doctor became imbued with the spirit of Homœopathy. He was a reformer by nature, and notwithstanding we find him, shortly after his graduation, located at Piqua, Ohio, as an Eclectic Physician, and as a member of the Montgomery County Eclectic Society, he presented a paper to the Society advocating the claims of Homœopathy in the treatment of all forms of disease. Some of the faithful brothers attempted to bring charges against him for heresy but, as the Society soon became the Montgomery County Homœopathic Medical Society, there were none left to "cast the first stone."

Dr. Emmons was an ideal Homœopath—a man of extensive reading and deep, practical thought. As a prescriber, he was one of the first in the Homœopathic ranks. He always selected his remedy with care and prescribed with a precision born of an experimental knowledge which seldom carried short of the mark. Like many thinking physicians, who think out the great truths taught in the Organon, he was a Hahnemannian.

Although not obtrusive, he was persistent and faithful in the advancement of the cause which he espoused. He was intensely loyal to his God, to his country, to Homœopathy, and to his friends.

He was an instructive writer and should have written more, as he was the possessor of a vast amount of practical experience with the single remedy in the high and highest powers.

Dr. Emmons located in Richmond, Indiana, in 1868, where his gentlemanly deportment and high professional attainments soon introduced him to an extensive practice.

He was twice married—his first wife being a daughter of the late Dr. Pretsinger, of Euphemia, Ohio. November 5th, 1869, he married Miss Louise M. Bowers, of Richmond, Ind., who proved herself a helpmate in the full sense of the word. She, with a son by the first marriage, are comforted by hope in a future existence and the remembrance of a kind and faithful husband and father, to whose many virtues we may well point as an example to men. J. DEVER.

Clinton, N. Y., December 25th, 1894.

ERRATA.

Page 355, 3d par., 2d line, read That for "The" speculation.
356, 3d par., 1st line, transpose "can one."
6th line, read repeatedly for "repeated by."
357, 1st par., 5th line, read "art (of) Healing."
2d par., 6th line, read like instead of "light."
4th par., 1st line, read stony instead of "strong."
353, 3d line, read palpation for "palpitation."
364, 6th par., 5th line, read lachrymation for "lacrymation."
365, 6th par., 1st line. Same.
366, 3rd par., 11th line, read occiput for "occuput."
368 3d par., 3rd line, read axillary for "auxillary."

THE

Medical Advance

A HOMŒOPATHIC MAGAZINE.

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Materia Medica and Therapeutics.

The lectures on Materia Medica by PROF. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

*PYROGEN.

J. T. KENT.

Swan had a vial of septic pus procured for him and potentized it. Dr. Kent also potentized the septic pus on the Santee potentizer.

Sherbino made a proving of Swan's cmm potency, which is probably about the six or seven hundredth.

Swan was not able to see the difference between the oozings from the results of disease and the oozings from the results of miasms, as Syphilinum, Psorinum and Medorrhinum. Swan had thousands of potencies which would require an eternity to prove. He potentized raw beef and gave it for tape-worm. He gave Pyrogen for every septic case that came along and observed the results; this is utterly contrary to Hahnemann. Sherbino's is a real proving.

Pyrogen should not be thought of in septicaemia; but in septicaemia it is a wonderful remedy when it is indicated by the symptoms; when the symptoms call for it, it will work won-

*Notes from lecture at Philadelphia Post Graduate School of Homœopathics.

ders. There are certain general features about it that enable it to fill a place not filled by any other remedy.

There is aching in the bones as if they would break, as if bruised; as if pounded. It has the aching of Eupatorium, the bruised feeling of Arnica and the restlessness of Rhus; no other remedy has all three of these. It will be found useful in typhus, puerperal intermittents and in the last stages of consumption. In intermittent typhus and septic cases it often appears as if Rhus was indicated; but Rhus does not relieve, and then Pyrogen comes in. The nurse keeps changing and fixing pads and pillows to keep the patient comfortable, she is so sore that she must turn and have the pillows changed. A dose of pyrogen will enable this consumptive to discharge the night nurse and sleep comfortably.

There is rattling in the chest as in Tartar emetic. After Tart-emetic has been given and does not act, many times a dose of Pyrogen will enable the patient to clear out the chest and go on for many weeks comfortably.

Pyrogen has the "anxiety of Ars., the restlessness of Rhus, the soreness of Arn., the aching of Eupatorium and the rattling of Tartar-emetic.

There is aching with soreness of the flesh, aching while sitting and aching while lying still. The bed feels hard, he must move and is generally *ameliorated by motion*. This remedy being animal, is deeper acting, longer acting than Rhus. We know its nature is septic, and sepsis, occurs late in phthisis; the patient is fighting sepsis.

All septic cases must have something in common; there is always great prostration; chilliness all night, rigors even of the most violent character. Would you be surprised to know that there was chilliness in septic conditions? When about to go into a septic state there is an excited condition of the mind, the mind is too active; this is followed by stupor.

<eating. Look at a case of septic fever—how soon eating sends up the pulse!

The commanding feature is the proving—we get the true light from the proving; that which is below it is toxicological.

What would a septicaemia be without sweat? There is copious sweat, sinking and a fluttering pulse. The temperature is out of proportion to the pulse. Usually with every ten degrees of

pulse there is an increase of one degree in the temperature. If this proportion is not present, the case is very serious, as in septicaemia.

>motion, and yet cannot move in the exhausted state; the weakness is so great that he cannot move. The prostration and the septic condition are not unlike Bapt.

Pyrogen antidotes Rhus.

There is an exception to the amel. from motion: the cough is <motion, also <in a warm room. Compare the Bry. cough.

The prover after taking this medicine was in a semi-clairvoyant state. He was in communication with spirits. He struggled day and night to get rid of the idea, but could not. His wife thought that he was going insane. He thought that he was in communication with Kent, Hering, Lippe and Hahnemann, although he knew it was not so. He would sit up at night by himself and fight over this state.

There is an effort to eliminate. The vital force accumulates pus in a cavity and then there is a discharge with relief to the economy. The tendency to localization is a wonderful thing. We see nature establishing an ulcer on the lower extremities when there is difficulty in elimination. There is first a tendency to form an abscess, to localize, in septic diseases, then an ulcer is formed, and as long as that flows, nature seems content. All of these things are efforts on the part of nature to establish order in the economy.

There is a gurgling sensation in the region of the liver.

Fever, excitement and a high pulse. Wheezing when expiring.

The urine has a cloudy appearance, the color of orange peel.

There is a sensation as if the heart was enlarged, a distinct consciousness of the heart; he would like to take it out and rest it; sensation of oppression at the heart.

After one dose of the 50^{m}: Sensation of having taken a cold in the chest, followed soon after by the expulsion of great quantities of yellow, purulent-looking mucus, having a dreadful taste—the extreme of rottenness. There was much rattling in the chest. The purulent expectoration ceased in two weeks, but all expectoration did not cease for two months.

One patient thought that she would break if she did not turn over. (Clinical).

The pulse will sometimes run up so high that you cannot count it, although the temperature may be normal or subnormal. C. L. O.

AETHUSA CYNAPIUM.*

C. L. OLDS, M. D., H. M.

Aethusa is commonly known as Fool's Parsley. It much resembles parsley, and has often been mistaken for it; but when crushed it emits a most nauseous stench, and when taken into the mouth has a dreadful taste.

It has not a wide range of action, yet it is most useful, and we cannot get along without it. Nothing else can be substituted for it.

It is particularly adapted to children in some of their summer complaints—diarrhoea, vomiting. You are called to see a baby and find it nursing at the mother's breast. It nurses a while, then suddenly stops, with a look of anguish on its face, and vomits. The vomited matter consists of pure milk, or may be in chunks, or may have a peculiar appearance resembling smear case, Dutch cheese or cottage cheese. It is forcibly ejected—as if the stomach were the bulb of a syringe which was pressed on and the contents shot right out. The child vomits until exhausted and falls down lifeless and unconscious, in a state of stupor. Examine the aspect of the child as it lies in this state and you will be apt to see an emaciated form like a little old man, the face gray, or bluish, livid, the mouth drawn, a bluish white line about the nose and lips, a look of anguish on the face. The skin seems cold, perhaps there is a cold sweat. The child seems to be in a lifeless condition—lies as if dead—but the Aethusa child is not dead when in that state. It soon awakes and grasps the breast, seems ravenously hungry, trembles with eagerness, but after a short time vomits again and again falls into a death-like slumber.

If you ask the mother about the baby, perhaps she will tell you that there is a diarrhoea, with yellow or greenish stools, fluid greenish stools, bright yellow, or stools of undigested milk

*Notes from Lecture delivered at Philadelphia Post Graduate School of Homoeopathics.

—clots of milk in the stool; that the limbs are apt to be cold and pinched. She may tell you that with the above symptoms the baby sometimes has convulsions, especially after the vomiting; he nurses, vomits and goes into convulsions—clenches his thumbs into his palms, rolls his eyes outward and downward, draws up his feet, lies like one dead. He is always drowsy and sleepy after vomiting or else a convulsion comes on. This is a peculiar condition, with peculiar symptoms—no other drug has such symptoms. Before this remedy was proved these children invariably died. Subnitrate of Bismuth was given for them in the Old School; Calc, Ars., or one of the Antimonies by the Homœopaths—but they failed.

A case in which Aethusa proved to be the remedy was that of a child two or three weeks old—an emaciated, blue, weazened, dried-up little fellow. He had a drawn appearance about the mouth. He would nurse and then vomit a substance like smear-case. The vomited matter would actually shoot out four or five feet. There was rolling of the eyes upward and outward. He had a yellow, offensive, watery diarrhoea. A number of other remedies had been given without effect; but Aethusa Cynapium cured in twenty-four hours. There was a terrible aggravation for an hour, but in twenty-four hours the diarrhoea and vomiting had stopped.

From the symptoms we might suppose that this remedy would prove useful in the vomiting of pregnancy.

There are headaches in this remedy, terrible headaches, with much vertigo; pressing, crushing, throbbing pains. The head feels as if in a vise, as if a band were about it—tearing, rending pains. Although these are pressive pains the headache is >pressure—in that respect like Alumen and Nux. The headaches are >open air, <wine, <walking. With the headache there may be intense thirst, restlessness and anxiety. The head and face feel as if swollen.

The headache may come on with much vertigo; heat rises to the head, the face gets red, the pupils dilated, and then the vertigo ceases. The vertigo is <walking, <looking up. Another kind of pain begins in the occiput or nape of the neck and goes down the spine. The only relief is from bending stiffly backward. As soon as she passes flatus or passes a stool the headache ceases.

These headaches may come on from suppression of the menses. The menses may be checked by a warm bath, and then the headache comes on; or as a result of suppressed menses, delirium may come on; she wants to jump out of the window; she sees rats, cats, dogs, running across the floor—all sorts of strange animals. There may be anxiety and restlessness. Another result of suppressed menses may be stupidity, confusion of mind. She is sad when alone—does not want to be alone. As soon as she has company the headache is better.

A general aggravation of the patient occurs at night, especially from three to four A. M. All the Aethusa symptoms are worse at this time. The patient is >open air, >company. The headaches are >pressure, <wine.

How will the pathologist explain the fact that one patient is <3—4 A. M., and another <3—4 P. M., or that one is >company and another >when alone, or that one has the symptom of relief from passing stool and another aggravation from it? A prominent Allopath whose attention was called to the Lycopodium aggravation from four to eight P. M., said that of course that could not be so—that was only imagination, nonsense. This is the tendency of the Old School; they tell their students to observe, and yet when we speak of observing hours of aggravation they say it is nonsense. Their minds dwell on crude, external things. They are unable to observe the higher, internal things. We must not theorize as to these things. We must let pathology alone and let the symptoms be our guide. In the case of an Aethusa baby, the Allopath would be likely to say that the cause was in the milk—germs in the milk. But the cause is really in the baby. As soon as Aethusa is given the baby will digest the same milk.

This remedy may be indicated in spotted fever with the symptoms already given—convulsions, unconscious state. The surface of the baby is covered with black and blue spots.

M. J. O.

ARGENTUM-NITRICUM.

A STUDY BY THE MATERIA MEDICA CLUB, REPORTED BY RUDOLF C. KAISER.

Argentum-nitricum taken in large doses, or injected into a

vein, produces inflammation of the stomach and intestines, and seriously affects the central nervous system. Stupor, spasms, paralysis, even death may be the result.

Homoeopathically, it is more adapted to chronic diseases than to acute; such as frequent headaches, heaviness of the head, vertigo, indigestion, abnormal constipation or diarrhoea with flatulence. Catarrhal affections of the mucous membranes of the eye, pharynx, bronchial tubes, call for it, also indigestion, catarrh of the sexual organs, and inflammatory disorders of the meninges. Accompanying mental symptoms are melancholia, dejection, inability to think, forgetfulness and want of ambition, also asthmatic breathing and palpitation of the heart. It acts in acute diseases from eight to twenty-four hours, and in chronic from two to four weeks.

Antidotes to Arg-nit: Ars., Nat-m., Nitr. ac., Milk, Calc., Puls., Sep., Lyc., Merc., Sil., Rhus., Phos., Sulph. In mild cases of poisoning, (abuse,) salt water is the remedy.

Some of the principal general indications are: Face sunken, pale, blueish, and correspondingly the skin and finger nails are a grayish, or blueish color. Mucous membranes dark red with a great deal of inflammation and ulceration, especially of the throat and os uteri. In erysipelas the skin is blueish colored, and may ulcerate; pressure causes quick ulceration, as in bed sores; and in all inflamed or ulcerated surfaces there is a sensation as of being full of sticks, (splinters, Nit. ac., Hep.) Mucus surfaces bleed easily, and the hemorrhage is venous, dark, even black. Coition is followed by blood from the spongy excrescences growing from the os uteri and sides of vagina. Arg-nit. produces the skim-milk countenance and the cachectic aspect of sycosis, even the greasy skin of Thuja. is reproduced with its shining horror. Suppressed gonorrhoea in women, when the right ovary becomes painful and enlarged. The greasy, shining face, is characteristic of Arg-nit., Nat-m, and Thuj.

This medicine causes emaciation from below upwards. Nat-m. causes emaciation from above downward, commencing about the neck and arms. Want of will power. Sensation as if the body, the head and markedly so the face, were expanded with trembling and tremulous feeling. Vertigo with buzzing in the ears. Headache especially in left frontal eminence <in

open air >by pressure and tight bandaging. Headache commencing in nape ot neck, and going all over head to forehead, like Sil.

In a large number of provers, Arg-nit. gave marked evidence of functional disturbance in the nervous system, to the extent of producing serious organic lesions. Certain provers, while taking the drug, were almost entirely devoid of brain power. Imbecile in appearance, their weakened memories, childish talk, and inability to fix their minds upon any subject makes a vivid picture of dementia. Other provers think they are despised by their families, with fear of death, and that business schemes will fail; (Lyc., Sil.), and their souls will be lost (melancholia). Lyc. really measures his own abilities in the matter, while Sil. if forced to make the effort, rises to the occasion, completes the undertaking gloriously. Thoughts of suicide by drowning; constantly talking about his sufferings. Anxiety, keeping the patient constantly busy, still he accomplishes nothing.

Illusions of sight, the corners of houses seem to project so that he fears he will run against them; the sight of high houses causes dizziness and the impression that the houses on both sides would approach and crush him. He forgets what he wanted to say, and looks about for help. Time passes very slowly. He cannot fix his thoughts, or give attention to business; if so, things immediately grow dark before his eyes. He would not work for fear it will do him harm; he is not able to stand it. Like Acon. he frequently appoints the day of his death, has frequent premonitions of death. Fears incurable disease that drives him to despair.

Another characteristic hallucination, he sees snakes around him, upon himself and all objects about him. Gray spots and bodies in the shape of serpents moving before the vision. Eyes full of tears or of mucus. Intense pain about the conjunctiva and cornea, due to inflammation or ulceration. Loss or illusion of smell. Teeth black, gums loose, easily bleeding, but not swollen or painful. Tongue blueish, tip of tongue red and painful. Irresistible desire for sugar. Burning heat in stomach. Nausea, vomiting of mucus with diarrhoea. Pit of stomach painful and swollen like Calc. c. Like Gels., Arg. nit. has diarrhoea from excitement. In Gels. it occurs from

fright; stage fright, soldier's fright before a battle. In Arg.-nit. it is the excitement caused by an attempt to go to church, opera, theater, etc., fear bringing on diarrhoea. Bloody mucus, bilious, or greenish diarrhoea.

Scanty and burning urine, or copious urine, especially nights. Painless micturition in nephritis, and renal colic. Lack of sexual desire in male; great sexual excitement in female. Thin, whitish mucus discharge mixed with blood from the nose. Throat raw and sore. Accumulation of thick, tenacious mucus in the throat causing constant hawking. Feeling as if a splinter was lodged in throat on swallowing.

Trembling and great weakness of the extremities. These feelings may increase until we have nervous jerkings, and final convulsions. Arg-nit acts on the cartilages and joints. Arthritic, bruised pains in the joints, reported as cured by Arg-nit. Paralysis with jumping of the legs; speech stammering, cannot talk from spasms of muscles of tongue and throat, ptyalism; limbs, especially knees, start up at night awaking him, hands tremble, foul breath. Creeping, crawling, itching sensation upon the scalp, as of vermin, or as if the roots of the hair were pulled, causing a constant desire to scratch. Vertigo is a common symptom. The symptoms of dizziness with defective coordination have been repeatedly verified, and have proven most valuable help in the assignment of this drug to its most important place in therapeutics. Farrington asserts that vertigo is almost always present when Arg-nit. is the remedy. Excessive congestion of the brain, the eye on same side appears enlarged. Tumultuous raging, boring and digging in right hemisphere of the brain until he lost his senses. Digging, cutting motion through left hemisphere of the brain, extending from the occiput to the frontal protuberance. Infra-orbital neuralgia left side. Neuralgia of head and face, which always takes her eye sight. Farrington says, it is one of the best remedies we have for hemicrania; this is not a simple neuralgia, it is a deep seated neurotic disease, and by some is supposed to be of epileptic nature. It comes periodically; for it's relief the Arg-nit is one of the best remedies.

Boring pain in left frontal eminence is relieved by tight bandaging, or a tight hat. It is excited by any mental emotion of an unpleasant kind. Sometimes the pains become so severe

that the patient loses his senses. The paroxysm frequently ends in vomiting of bile or sour fluids.

We recently relieved a severe case of facial neuralgia in which this remedy guided by the characteristic desire for sugar, the patient ate a teacup full at a time to satisfy the longing.

Another neuralgia in which the remedy is often indicated is that of the stomach in nervous women, and it occurs during menstruation. She complains of a lump in the stomach, gnawing, griping, and burning pains, which commence in the pit of the stomach and radiate in every direction with a feeling as if the stomach would burst, aggravated by the smallest amount of food, ameliorated by pressure, and ends with vomiting of stringy, gluey, tenacious mucus, and the eructation of enormous quantities of wind. Arg-nit. gives severe pains through the chest with irregular action of heart, inability to breathe, with cold face and hands, and faintish nausea. This vivid picture of *angina pectoris* suggested its use in this disease, and the clinical results have verified the correctness of the proving.

Farrington accords to this remedy a high rank in the cure of epilepsy, which has been caused by fright, or occurs during menstruation. A strong symptom is:—dilated pupils, for days or hours before the attack is exceedingly restless, with tremulousness of the hands after the seizure. It has been used with great benefit in locomotor ataxia. The intense vertigo in the dark, and the inability to stand with the eyes closed, general loss of muscular co-ordination, shooting pains in different parts of the body, band-like constriction of bowels, epigastrium, chest or waist, paralytic symptoms of bladder, numbness of finger tips, legs and feet, formication of arms and legs, general tremulousness, with weakness and exhaustion, where organic changes have taken place, no hope of cure.

Arg-nit., according to Kent, is an anti-sycotic, and cures its own kind of bleeding warts and excrescences.

Attacks of nervousness at 11 A. M. relieved by stimulants; agg. forepart of night. Some symptoms worse from eating, after walking or riding. Worse from mental labor. Headache worse after waking. Worse from heat, warmth of bed, working over the fire and in the summer. Worse from uncovering even in the heat, easily chilled by it, but smothered when wrapped up.

Arg-nit. is one of the remedies worse from eating ice cream, like Ars. and Puls. Arg-nit. has great longing for fresh air in asthma, pneumonia, and in typhus. General symptoms better in the open air. There is chilliness with many complaints. Ameliorated by pressure and tight bandaging, (headache), but worse from pressure of clothing like Calc., Bry., Caust., Lyc., Sars., etc. Amel. in open air, likes to have the air blow on him. We find the prover much worse in rest, than in motion, with great inclination for motion, in fact in some cases he is driven to walk rapidly.

All through the symptoms developed by motion of single parts, we find <and yet the patient feels better by motion even when it hurts in localities. There are times when every motion of her body causes unexpressible pain, probably due to the affection of the spinal centres. Stooping agg. pain; chewing agg. toothache; moving neck agg. sore throat; lifting arms causes stomach ache, etc., but the general patient is better from motion and seems to desire the motion of the air about him. With all his desires to the contrary he has debility so great that he is unable to walk across the room, and must lie down; he becomes apathetic.

KALI BICHROMICUM IN VARIOLA.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

The symptoms diagnostic of variola are given as:

Shaking chill, or chilliness; fever <in the evening with sleeplessness, headache and, at times, delirium; pain in the joints and lumbar region <afternoon and evening; nausea and vomiting; pain in the epi-gastrium <in the afternoon; nose bleed at times; the urine has an unpleasant odor and a deposit of purulent pus; the mucous membranes are the seat of the eruption as well as the skin; the eruption is described at first papular, then vesicular, then pustular, with a hair in the centre and surrounded with a red areola, the pustule dries into a scab which in falling off leaves a depressed cicatrix of circular form unless the eruption has been confluent when a cicatrix may be of any form.

In Stapf's "Addition to the Materia Medica Pura," London, 1846, there is given a colored plate showing the effects of

Kali-chromicum and Kali-bi-chromicum on workmen, which so closely resembles variola that a brief summary of some of the symptoms corresponding to that which are diagnostic are here extracted as also from Allen's Encyclopedia, following the order already detailed :

Coldness and shuddering; sensation of coldness in the back with desire to sit near the fire; fever following the chill with shivering; no thirst; feverish in the first part of the night and also in the morning; heat of the hands and feet with dryness of the mouth followed by sweat of the hands, legs and feet, with subsidence of all the symptoms, after which they recur as before; sleep is restless, wakeful and full of vivid dreams; there seems to be no delirium, the nearest approach being confusion of mind with vertigo; shooting pains in temples; headache in forehead and temples; darting, shooting, aching pains in all the joints, largely in the evening and at night; vertigo and heavy pain in the vertex subsiding in six or eight hours, then severe pain in the lumbar region extending into the sacrum and down the thighs, at first aching then increasing to a numb sensation so severe that he could scarcely rise from the chair, lasting three days, with scanty, high-colored urine depositing a whitish sediment; the pains vary from dull to shooting and some are worse at night; nausea and vomiting are severe <moving about; pain in the epigastrium with vertigo; sinking at epigastrium; pain as from an overloaded stomach two or three inches below the ensiform cartilage: the first week at the chrome works he had frequent bleeding of the nose which returned at intervals for a year and destroyed the sense of smell; bleeding of the nose while washing in the morning; there was bleeding in several provers worse in the right nostril: urine scanty with white film and whitish deposit; urine scanty, high-colored and deposited a pearly, white sediment; the urine was turbid and deposited a mucus sediment: there were in the workmen eruptions in the buccal cavity ranging from papules to ulcers; the lightest form of eruption in workmen was papular while few or none escaped; in different persons it showed itself on the forehead, face, thighs and legs; this was the case also with Dr. Dudgeon during his proving, a papule having appeared on the hand; with many workers there was heat and itching of the skin at night followed by an eruption on the

thighs and legs of reddish hard knots from the size of a pin's head to that of a split pea with a depressed dark surface in the center surrounded with an inflamed base, declining in two or three days and frequently recurring; it was remarked in a number of workmen that the eruption resembled variola and came in this order—papule, visicle (with a hair in the center) pustule (with a black center) on which formed a scab which on falling off left a depressed cicatrix; "the pustule on the hand was small and round and secreted a limpid watery matter when the head of it was broken off, but when let alone the secretion consolidated into a yellow viscid mass;" the eruptions were worse in warm weather and when exposed to steam, and better in cold weather, just as variolous patients are worse in too warm a room. Says Dr. Raue in his text-book:—"Dr. C. Hering has advised the sprinkling of a weak solution of cyanide of potassium about the house because such mechanics as use it in their manipulations have been observed by Dr. Korndoerfer to be exempt from the disease in smallpox epidemics, for the reason that the sulpho-cyanide of potassium which is present in the saliva of the healthy disappears from it in smallpox patients and appears in the contents of the pock; this was demonstrated by me about the year 1850."

Whether there is any specific relation between this fact in regard to the sulpho-cyanide and the action of the bichromate cannot be shown ; but both cyanogen and chrome act toward potassium in a similar manner and are close friends of chlorine; the sulphur modifies the deadly action of Kali-cyanatum so that a large dose is necessary to kill; the writer can find no provings of the sulpho-cyanide, nor can he find that Kali-cyanide produced any eruption: however, during our recent small-pox scare he took a few doses of Kali-cyanide and risked it on that.

But better than Kali does the writer believe the following to be: Draw out the contents of a clear vesicle into a vial of distilled water, shake well, run to the sixth potency (not 6^x) which last make with alcohol, and give a dose to the patient every 3 hours; if you are not satisfied with the result publish your reason; but do not give that preparation *to any other person*, not even of the same family, for the same reason that you would not vaccinate in the same way.

TARANT-HISP.

S. L. GUILD-LEGGETT, M. D., M. H.

Senile dementia (?). The daughter of the patient first came to me on March 15th, 1893, saying that her mother was so nervous that her constant care was too great a strain; could anything be done?

Mrs. J——, aged sixty-two, was the mother of three children, now young men and women, and had been very jolly, pleasant woman, always interested in good works, especially in the temperance cause, in which she was a prominent worker. As the elder son grew to manhood, he became addicted to intemperance, and her natural anxiety and constant watchfulness, together with the disappointed effort, seemed to bring about a complete change in temper, disposition and the final wreck in which I found her.

At forty or forty-one, she passed the climacteric, no history of special disturbance.

Thirteen years ago had an attack of malarial fever (?) lasting six weeks.

After that she was treated by Dr. Porter, locally, for misplaced uterus, adhesions, and ulceration.

Since that period she had gradually developed what her daughter designated as nervous symptoms.

She was never quiet a moment, yet never accomplished anything. She slept very little, was up and about the house from three or four a. m. She was apprehensive. She wondered "how they could make the fire burn." If out of doors she wondered "how she could get in again;" "how they could get the dinner;" "how she could dress herself," and so on, endlessly. She is sad, never smiles, something is always going to happen; is destructive; easily excited; stares, pulls her hair out one by one until she is quite bald; if she does not do that she picks the forearm until it bleeds, or bites her nails.

Personal examination, during which she sat with tears in her eyes, and whispered to herself, "how shall we ever get home," elicited the following symptoms.

Frequent sharp pains in the occiput and temples.

Vertigo; objects move before the eyes, cause nausea.

Starts to go to a place, turns about, forgets what she was about to do.

Cries easily.

Drowsy, day times.

A long time going to sleep.

Occasional sick headache, beginning morning, referred to the occiput and back of the eyes.

Always stands; restless, cannot be still one moment.

Only sits to sew, which if prepared and put into her hand, she can do a little.

Pain in occiput extends down the right side, and across the back below the scapulae.

Feet swell, pit on pressure, offensive sweat.

Urine dark, offensive.

Stool, diarrhoeic.

Sciatic pains.

<of pains in cold wind.

Better occupied.

A study of the apparently striking and prominent symptoms resulted in the choice of Tarant-hisp.

Pulls the hair; Bell., Tarant.

Sad—causeless. Phos., Tarant.

Consciousness of unnatural state of mind. Tarant.

Restlessness and dreaming. Tarant.

Destructive. Tarant.

Apprehensive. Tarant.

Easily excited. Tarant.

Tarant-hisp. ^{cm} (F).

July 22, 1893.

Slept the afternoon of the first dose.

<afterward, lasting two days.

Less nervous.

<when husband comes in.

Questioning the daughter as to the manner in which she has been affected by music, caused her to exclaim, "Oh, I cannot play the piano." "Why?" "Because I know she is dancing. I can feel her dance behind my chair. I never touch the piano."

Receiving this confirmation of the similia, the daughter continuing to report slow improvement, she received no more medi-

cation until August 13th, 1893, when the same potency was repeated.

Tarant. cm (F).

August 13th, 1893, during my absence from the Dispensary, Dr. S———, who was in charge, not learning that I had prescribed, gave Bar. c. 30 for one week.

September 9th, 1893.

Report of much improvement, every way.

Has finally pulled the hair all out.

Dislikes greatly to hear a sharp voice, leaves the room.

S. L.

1893.

Sept. 29.

Still anxious, pulls the hair, other ways gives less trouble.

S. L.

Oct. 16.

Diarrhoea, with pain and moaning before stool.

S. L.

Oct. 28.

More quiet, reads the paper, sits more, less nervous, less restless in bed mornings. Still talks, bites fingers or pulls the hair.

1894.

Jan. 13.

In many ways much improved, still pulls the hair and worries.

Tarant. cm (F).

Oct. 13.

Greatly improved; now helps to sew; sits and talks quietly with a neighbor; can do any work that is prepared for her; reads, and remembers what she reads; keeps the run of the daily news; sleeps all night; will now lie in bed the most of the morning, a thing she could not have been persuaded to do; at one time quite stopped the pulling of the hair, and it grew in again a "beautiful grey," but she has taken to pulling it out again.

Tarant. cm (F).

This looked to be such a hopeless case, and the general improvement to herself and all concerned has been so marked that it has seemed worth while to again try to impress the verification of the symptoms of Tarantula-hisp.

Notes from Clinic of Philadelphia Post Graduate School of Homœopathics.

This is an eminently practical institution, designed exclusively for graduates in Medicine and all of its work is directed to a more perfect comprehension of the law of *Similia Similibus Curantur* than can be obtained in any undergraduate college. The work in this department alone will be of greater value to the homœopathic physician than the price of this journal.

SERVICE OF C. L. OLDS, M. D., H. M.

Mark C———. Age 62. 2728 H—— St.

1894.

June 13.

Bachelor.

Red face. Tall. Thick set. Weight 190.

Hair thin, gray.

Gonorrhoea for about 20 years. Painless.

"Discharge off and on."

Thick, color of white of egg.

Red spots on glans penis, come and go.

Vertigo.

<walking.

Feet cold.

Treated by Homœopaths for a number of years.

Piles, blind, itch a great deal, protrude during stool.

Come on a few years after the first appearance of the gonorrhoea. Constant, except far a week or two now and then.

S. L.

June 20.

Sulph. 55^{m} (F.)

No further symptoms obtainable.

June 27.

Improvement.

S. L.

July 9.

Still improving.

S. L.

July 16.
No change.
S. L.

July 23.
Improvement again.
S. L.
Discharge less.

Aug. 13.
Getting better every day.
S. L.

Aug. 20.
Piles leaving.
Red spots on glans nearly gone.
Bowels free.
S. L.
General improvement.

Aug. 27.
Improvement.
S. L.
Discharge less.

Sept. 3.
Improving every day.
S. L.

Sept. 12.
Dizziness in head is returning.
S. L.

Sept. 24.
Improving.
S. L.

Oct. 1.
Getting better all the time.
S. L.
Vertigo not so frequent.

Oct. 22.
Piles all gone.
Discharge from penis slight.
Red spots on glans gone.
S. L.
Feet no longer cold.

Oct. 29.

Discharge all gone.

S. L.

Nov. 19.

No symptoms.

S. L.

To the casual observer this case may seem of little interest except for the fact of Sulphur's having cured a case of chronic disease of twenty years standing in the comparatively short period of five months, but if observed closely several other interesting features will appear.

It may be noted that following the administration of the remedy no other symptoms appeared, either new or old; there was no aggravation of the existing symptoms; and the improvement was almost constant from the beginning. This is not an every day experience in chronic diseases with physicians who are observers. It is rare that the remedy is similar enough in both symptoms and potency to be truly called the simillimum. More often it is noticed that there is a short, sharp aggravation of the symptoms followed by improvement for a greater or less length of time. Or in rare instances there may be first a very short amelioration of the symptoms and then a decided aggravation. These last are bad cases and unless the remedy be antidoted grave results may follow.

We also have a bad case when the symptoms take the wrong direction after the administration of a remedy, as for instance, the rheumatism leaving the knee and going to the heart, or the mumps leaving the salivary glands and going to the testes or the breasts.

It may also be noticed that certain symptoms disappeared in the reverse order of their coming, i. e., the discharge from the penis came before the piles and was the last to disappear, the piles going first. This is exactly what we should expect, for it is in accord with the law of directions, viz., that symptoms get well from above downward, from within outward and in the reverse order of their coming. This orderly disappearance of symptoms at once marks the cure as being different from suppression or palliation.

On Sept. 12th the dizziness returned and it appeared as if the Sulph. needed repeating, but it was thought best to wait,

and this conclusion was justified, as the patient was again improved at his next visit. In these chronic diseases it is always best to be sure that your remedy has ceased acting before repeating it.

This patient evidently was not sycotic or the Sulph. would have done harm instead of good, at least that has been the experience of some physicians who say that in genuine sycotic cases Sulph. will break down the tissues and either kill the patient or render him incurable.

Altogether this case shows what a single dose of the right remedy will do for a patient, although he may have been given up as incurable. Let physicians beware of saying that Homœopathy is not practicable in all cases whereas the fault lies entirely in their inability to select the right remedy. Let them follow Hahnemann, who said: "Do it exactly as I have done, and then if you fail, publish to the world your failures."

SERVICE OF C. ALBERT REGER, M. D.

1894.

Nov. 1.

Almer F——— Aged 10. Came to Clinic, Nov. 1,'94, with his mother, who gave me the following history. He had been for 17 months continually under Old School treatment for his ear, at one of the leading dispensaries, without any benefit. During the last month, the discharge had become much worse, deafness was increasing and he had some vertigo. So she thought she would try, for the first time, Homœopathy.

Took the case as follows:

Thick, dark, yellow, green discharge, copious, offensive and bland from right ear. Came after Scarlet Fever.

<in the house.

Headache, frontal, throbbing.

<motion.

>cold.

>pressure.

Dizzy after headache.

Nausea and vomiting at intervals during the day.

<after eating.

Retching.

Dislike for meat, very seldom eats any.
Perspiration around head at night.
Perspiration around body, warm.
Brittle finger nails.

Sulph. 55m.

Nov. 10.

Improvement.

S. L.

Nov. 22.

Improvement.

S. L.

Dec. 3.

Improvement. Discharge considerably lessened. No odor.

S. L.

Dec. 14.

Improved. No vomiting since last report.

S. L.

Dec. 29.

Improved. No discharge for a week. Hearing much better. Says he feels very well.

S. L.

1895.

Jan. 12.

Nothing to complain of, no discharge, hearing practical normal. No vomiting.

S. L.

Mother says he is in perfect health.

SERVICES OF S. MARY IVES, M. D.

Whilst making a professional call, Jan. 4, 1895, I was asked, "do you think you can give Mrs. D. anything, she has a most dreadful cold?"; Mrs. D. being a boarder in the house. Accordingly I repaired to Mrs. D.'s room, wondering within myself, what remedy picture this "dreadful cold" would present to my mind; knowing that upon my ability to see the true image, rested death to the tormentor.

1895.

Mrs. D.———Aged 36.

Jan. 4.

11 a. m.

Plump woman, light hair, blue eyes, fair skin; medium height. Patient lying in bed with handkerchief over eyes, although both window blinds were drawn down.

"Cold in the head" for about two weeks.

Nasal discharge profuse, watery, very slightly excoriating.

Sneezing intense, ("sometimes fifty times without stopping.")

<during the night, cannot sleep.

Eyes, since yesterday (when was out in cold air) "just running water." "Smarting, burning," "tears feel scalding." "cannot bear the light, must keep them covered up."

Upon examination eyes looked red, swollen, and photophobia so intense patient could hardly keep them uncovered long enough to permit examination. Much lachrymation.

Pain over eyes and across base of nose (has been using Camphor externally.)

<left side nose and inner angle of left eye.

bone sore to touch.

pain "nearly drives me distracted."

Pain left ear, has used Laudanum in the ear.

Wants to be kept warm.

Perspires freely on chest, must change night clothing.

<during night, or sleep.

Restless, moving about constantly, whilst relating symptoms.

Loss of smell and taste, with very little appetite.

Has severe "cold in the head" about once every two months in winter, but eyes never so affected before.

When cold first commenced, tried "to break it" by taking a "tonic" preparation; but cold increased. Then had resort to Tinct. Nux Vomica, which has taken for last few days, but without avail.

Euphrasia^{39m}

(I forbade the use of any external application except heat or cold).

Jan. 4.

9 p. m.

Eyes feel decidedly better, still "running water" but smarting and burning is better. Can look at lamp-light now.

Pain over eyes, and left side nose, and angle left eye very intense.

Pain in ear (left) so great has used more Laudanum in the ear. (This I removed.)

Sac. Lac.

Jan. 5.

11 a. m.

Up and dressed, lying on a lounge in the parlor. Room very hot, says she is "just comfortable."

Eyes much better, "can read the newspaper." Still look red and somewhat swollen, and a good deal of lachrymation. Smarting and burning has gone.

Slept better last night than has for a long time.

Sneezing bothers very little now.

Pain over eyes and nose all gone, says she is delighted.

Sac. Lac.

Sticking pains, here and there, in chest, slight cough.

Jan. 5.

7 p. m.

Did not see the patient as she was in the kitchen making pies. Friends reported her as "all right."

Jan. 6.

1 p. m.

Says eyes are quite well. They look normal.

Still has slight cough and sticking pains, here and there in chest; (had pleurisy some years ago).

Nasal discharge and sneezing almost ceased.

Feels quite well, only "nervous" across the sacrum (colds always leave her "nervous").

Cannot smell or taste anything yet, but appetite improved.

(Wants prescription for husband's cold, is pleased about her own).

Sac. Lac.

Jan. 7.

1 p. m.

Sticking pains in chest have disappeared.

No cough now.

Sac. Lac.

"Only need medicine for loss of smell and taste."

Jan. 8.

11 a. m.

No smell or taste yet. Otherwise feels well; doing a good deal of work now.

Sac. Lac.

Jan. 9.

11 a. m.

Has been out this morning (damp, cold day).

Feels good in every way, can smell and taste now.

Says, "this is the last medicine I shall need, I guess."

Sac. Lac.

The above, as it appears to me, is chiefly interesting in so far as it shows the "prompt, mild and permanent" action of the homoeopathic remedy when the disease image and drug picture agree. If we turn to Hering's Guiding Symptoms and study Euphrasia, we find how closely the symptoms presented by my patient corresponds to those experienced by the provers of "Eyebright."

For instance: under "Smell and Nose."

I Profuse, bland, fluent coryza, with scalding tears and aversion to light.

<evening and during night, while lying down.

<after windy weather.

I Sneezing, with profuse fluent coryza.

Again: under "Stool and Rectum."

I Severe coryza; much sneezing, profuse bland discharge from nose, watery excoriating discharge from eyes, photophobia, slight cough.

Again: under "Sight and Eyes."

I I Painful pressure in inner angle of left eye; lachrymation.

Again: under "Smell and nose."

Pain from right to left over bridge of nose. Left half of face and forehead and left eye inflamed, earache.

And so on, through all the symptoms, but these few illustrations will suffice.

This case is instructive also, as it illustrates one of Hahnemann's "Directions of Cure," viz, symptoms disappear in the reverse order of coming. You will observe, the patient had had a "cold in the head" for two weeks, previous to my first visit, but that the painful eye symptoms had appeared but the day before. Therefore they were the first to disappear, whilst the pains in forehead and left eye took their leave later.

SERVICE OF AMELIA L. HESS, M. D.

Blanch C——— Aged 10.

1894.

May 18.

Colored—thin, scrawny.

Stupid with sleep. Wants to sleep all the time.

Scalp very sensitive to touch.

Tongue heavily coated with thin yellow fir.

Foul breath.

Lips dry and brown.

Thirst great for cold water, in large quantities.

Rattling cough <at night and in morning.

Expectorate thick yellow mucus.

Flesh sore to touch.

Skin dry and itchy.

Head hot.

Took magnesia.

Feet swell.

May 19.

Nux v.^{cm}

About the same.

May 20.

S. L.

Took sick one week ago.

Complained of headache two weeks before she took her bed.

Is flighty now.

Had a sinking spell this morning in which she spoke in a rambling fashion about people that do not exist.

Answers rationally when spoken to.
Abdomen painful to touch. Slightly tympanitic.
Diarrhoea—three to five stools daily. Thin and very foul odor.

May 22.
S. L.
About the same.
Speaks incoherently when awake.

May 24.
Hyos^{cm}
Better.

May 25.
S. L.
Improving.
Stools >only one today.

May 26.
S. L.
Getting>.

May 27.
S. L.
Sitting up.

May 29.
S. L.
Well.

June 9.
S. L.

Augustave S——— Aged 7.

Sept. 24.
Stoop shouldered and puny little fellow.
Face sallow.
Eyes sunken.
Black hair and eyes.
Pteryguim on left eye.
Nausea for a week.

Sulph.^{55m}.
Eye very much>.

Sept. 28.
S. L.

In two weeks time the eye was perfectly well. This was an Italian child and could not speak English, hence I could get no symptoms, and was obliged to prescribe on his general appearance.

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC SOCIETY.

SYRACUSE, N. Y., Sept. 21, 1893.

The annual meeting of the Central New York Homœopathic Medical Society, was called to order by the Vice-Prisident, Dr. Isaiah Dever, at 11:15 a. m.

Members present: Drs. Biegler, Seward, Nash, Stow, Graham, Bresee, Schumacher, Dever, Follet, Leggett.

Visitors present: Drs. Young, Straten, Kaiser.

The reading of the minutes of the June meeting with motion to adopt was seconded and carried.

There was a communication from the President to the effect that his presence during the day, would be impossible.

A favorable report from the Chairman of the Board of Censors, Dr. Seward, led to the ballot and election of Dr. William M. Follet, Seneca Falls, N. Y.

Dr. Biegler was requested by the President to read the Organon beginning at section 116, reading to section 120.

Sections 116-117 relate to the idiosyncrasies of certain constitutions to various medicinal substances.

After reading section 116 Dr. Biegler cited a case from his late practice, that served to illustrate the ease with which remedies produce their effect upon the sick.

A lady, the wife of a physician, after her confinement, had some peculiar conditions, that were decidedly obscure, several wrong prescriptions were made before the case was properly covered. The point lay in the fact, that the next day after each wrong remedy had been given, she was found to have several symptoms peculiar to the drug administered, added to the symptoms of the disease. This experience was repeated with every drug, until the right one was prescribed.

Sections 118-119 with note, show that each medicine produces effects, differing from the effects produced by other

remedies, and the impossibility of substituting the one remedy for another.

Section 120 shows that every medicine must be tried upon the healthy, to develop its peculiarities by pure experiment.

The president then opened the subjects of the Organon for discussion, considering them to be of vital importance to the general profession. He also offered the privileges of the floor to all visitors present.

Dr. Stow found the subject of idiosyncrasies to medicine brought to mind many interesting occurrences in practice. Many years ago a case occurred under his observation of a patient, who was an attache of the Garrett family. It was a case of ophthalmia, and after looking it over carefully, he found Puls. best indicated. Before he gave the medicine the patient said to him, "Doctor, you must not give me Puls." Upon asking why, she said that it aggravated her so that she could not endure it. To make sure he again studied the case carefully, and still the symptoms called for Puls. He gave a high potency with Sac Lac to follow. It was but a short time before she sent for him, saying, "Doctor, you gave me Puls., and I told you I could not take that medicine." He advised her to bear the symptoms. She did so for three days, and then got better rapidly. These idiosyncrasies often give great trouble. Years ago while he was in Cleveland, listening to Prof. ——, of the chair of Materia Medica, in his lecture upon Ipec., he told the asthmatic peculiarities of that remedy, and fixed it upon the memory by the following case of idiosyncrasy for that drug.

A man sent to him for a prescription, whose sickness was a diarrhoea. It was a case with nausea and vomiting, in which Ipec. seemed perfectly indicated, and a case in which the patient, who had before been subject to asthma, had been relieved by Ipec. He gave the man Ipec. In a short time the patient sent for him in a hurry, saying that he had been given Ipec. for it had brought on asthma; it always produced the condition; he could not even get the odor of the drug. After a day or two he recovered.

The Prof. was rather incredulous as to the asthmatic attack having been brought on by Ipec. He rather thought the asthmatic condition was mental, and concluded to try the effect of

the drug some time when he was perfectly well, and knew nothing of the intended experiment. One day, not long afterward, he prepared himself with the pulverized root of Ipec., and went to the place of business of his patient. After talking for some time, he carefully and secretly, scattered some of the powder about the floor. Soon the patient began to be distressed for breath, and asked the doctor, "if he had Ipec. about him," saying, that he certainly was "under the influence" of Ipec. He became so distressed that the Prof. confessed, and was convinced that Ipec. did produce the asthmatic condition in his patient.

These cases show the wonderful effects drugs may have in patients having idiosyncrasies in that direction.

Dr. Stow himself cannot come in contact with one variety of the White Lily without having nausea, languor, headache, in fact he is sick from head to foot.

Dr. Schumacher in the beginning of his study of medicine in an institution in Germany, where Homœopathy was practiced, heard a woman, who came for prescriptions—he thought it was the second time of her coming—say to the attending physician, "Doctor, what did you give me? Every time I take a powder it tastes as if I had a copper cent in my mouth." She had taken Cupr.

Dr. Graham thought that in the kind of practice he had once pursued, it was not surprising that he had met many aggravations, but the worst he had met had been in his wife. She had in former days often told him that he had given her Bell., within ten minutes from the time of taking the dose. In fact, he never gave it without aggravation. but he had never given it in high potency—not higher than 12. She had not needed it since he did a better practice, but he should make the experiment of the higher potence if she ever did need it.

Dr. Straten, during his proving of Kali-ph., in college, last year, had an excessive nasal discharge. Many provers had no symptoms, even when the medicine was taken from the same vial. Since proving Kali-ph. a cold always settles in the nose, and will yield to no other remedy. Of late had a cold in which Cepa. was first prescribed with no effect ; Kali-ph. 30 or 200 relieved.

Dr. Nash would like to ask the members of this Society to

define the term idiosyncrasy—to ask what they mean when they use the term.

Dr. Stow—Our friend Dr. Nash has an idiosyncrasy, in voice, form, peculiarities, a something by which we distinguish him from another individual, and which we always recognize at once. Any peculiarity belonging to the individual, that is not common to all, and is strongly developed, may be considered an idiosyncrasy. We have just heard cited various cases in which there were idiosyncrasies in direction of remedies, and they were so strongly marked, as to be recognizable anywhere.

Dr. Nash—Dr. Stow, how much of such conditions do you consider normal in that individual?

Dr. Stow—In some cases we would say that it was a normal condition in that individual, as he is never wholly cured, or relieved of it.

Dr. Biegler—It is comparatively easy to depict in our mind that which we recognize as an idiosyncrasy, but it is difficult to put the same into words. There are symptoms and conditions that are normal to the individual, and those that are extra-normal or ab-normal, i. e., a normal individual might possess the peculiar sensitive organization, which would render him subject to influences, which would not in the least affect some other normal individual.

Dr. Leggett would ask what influence the chronic miasms might be expected to have upon idiosyncrasies?

Many thought that the miasms might have much influence upon them.

Dr. Nash had asked the question because he had felt that the question was not clearly defined in the minds of most of us. There is a difference between the idiosyncrasy, and the symptoms indicating the drug in the sick. Idiosyncrasy is that peculiarity which clings to the man himself all through life, and cannot be removed, while in sickness the peculiarities indicating the remedy are removed by its application. A patient called him, whose symptoms indicated Bell. She informed him that there was one remedy she could not take, and that was Bell. Upon asking why, she said, Dr. Brown, of Binghamton, had once given the medicine, and it had <for a week. Seeing nothing else indicated Bell. was given. In three or four hours the doctor was called in haste, and was told that he had "giv-

en Bell., and if he could not prescribe anything else, he could leave." Seeing nothing but Bell. as the similia, and knowing no other law for prescribing, Bell. cm was given. During a call the same evening in which the patient was found to be greatly improved, she said, "It does beat all how soon one is helped, when you get the right remedy."

We are told by high authority that in certain cases we are not to give Sulph. or Phos. It was impossible for the doctor to believe that there was any exceptions to the law; that there was no reason why either remedy should not be given when the symptoms indicated them as a similia. A case of tuberculosis in which this fear was before him, caused a consultation with Dr. Lippe, who said give Phos. high, and sent the mm potency. The remedy > all conditions, and the patient went down to his death comfortably, and without suffering. He had seen <from too low potencies, and there probably are individual cases where high potencies would<.

Dr. Biegler believes this to be an important subject, and that the reasons for the <of incurable cases by Phos. and Sulph., lies in the fact that they were not well indicated. He also believes much depends upon the wrong dose. In an incurable case of tuberculosis with hemorrhage, he gave a dose of Phos. three weeks ago with beautiful results, so far.

Dr. Seward agrees with Dr. Nash that we have no law except that of the similia.

Dr. Dever would say on aggravations: that in the case of Dr. L. B. Wells, who is deeply psoric, the doctor had feared to take Sulph., because of its tendency to produce catarrhal conditions. He had recommended a higher potency, and the cm had been taken with excellent effect.

Dr. Graham would like to know if the members here were in the habit of meeting <after high potencies, and their methods of procedure in such cases.

Dr. Nash would repeat the remedy in a lower potency if the high potency produced an <and vice-versa if the < was produced with the low. In a case of swelling of the submaxillary, in the early days of his homœopathic prescriptions, when six or eight remedies would be given in rotation, had said to himself, Bar-c. was "good for swollen glands" and had given in repeated doses of the^{3x} with no effect upon the pain,

but increased swelling. The 200 produced a great <of pain for five or ten minutes after each dose, but he could perceive a decrease in the swelling. This being one of his first experiences, he had repeated. He now gave S. L. for the following day with good effect. The third day he repeated the 200 with the same effect as the first. The case was necessarily cured at last, on Sac Lac.

Dr. Dever's experience in the early days had been that he had great <from the administration of Fincke's potencies, while Dunham's acted much more kindly, so he finally rid his office of the former, for which he was now sorry. The Fincke's are fluxion potencies and high, while Dunham's were prepared by hand—by the H—method, and were mostly 200.

Dr. Biegler sometimes thinks he has a quicker response from Swan's potencies, and a more lasting effect from Fincke's. In <from Phos., Sul., and the like, in incurable disease, we have no better palliatives in the Materia Medica than the high potencies.

Dr. Dever had a call last winter to a case in which he had before successfully prescribed. She was in great pain, and the family gathered around and said she would die, and must have morphine to ease her last moments. He said he should not give it; he should give the indicated remedy, and sure enough she was so well now that she had no thought of dying.

THE PRESIDENT—It is Dr. Wells' wish that the subject of his paper upon the "History of Homœopathy in the State of New York," should be discussed this morning during his absence. If there is nothing further to be said upon the foregoing subjects, we will proceed with the discussion.

There was call for the report of the Com. on Pub., of whom only Dr. Biegler was present.

Dr. Biegler was not aware that he was still a member of the Committee; that in so far as the History was concerned, that it must be at least eight years since it passed into his hands, and was mislaid. He had carefully read, and considered it was correct up to the time of its finish. There is probably a question that the History should be brought down complete to the present time if the Society wish to publish the same. Slight changes may be made in the editing of the History for which it would be wise to appoint a committee. He thinks the His-

tory should be published, and knows that one has been completed and shelved, that was written of Homœopathy in Albany Co., and that ramified more or less completely into the state. He would much prefer the publication of this edition.

The president suggests as they have heard a report of the Committee, it might be well to appoint a committee upon the further consideration of the points suggested by the Chairman.

Dr. Nash thinks the History should be left over for revision to the present date.

Dr. Leggett reads the communication from Dr. Grant, relating to the terms and style of printing of said History.

Dr. Graham moves that this manuscript be held over until the December meeting, and that to the present committee Drs. Grant, Biegler, Ross and Johnson, the names of Drs. Seward and L. B. Wells be added to bring the History down to date, and report at said meeting.

Dr. Biegler amends that Dr. Dever be added to the list of names of committee, he being a friend of the author might be of great assistance.

The amendment was accepted, seconded and carried.

Adjourned until 2:00 p. m.

Meeting was again called to order at 2:15 p. m.

Upon a call for the report on medical subjects, Dr. Straten being present, was asked to read his paper upon the provings of Tuberculinum.

TUBERCULINUM.

Mr. President and members of the Central New York Homœopathic Medical Society.

It is most gratifying, to me, to be, today, associated with the men of our times, who are imbued with the saving spirit of great master, the immortal Hahnemann, the true Columbus of health and happiness for both hemispheres.

I beg to tender my thanks for the invitation to come and speak of one of the remedies, which in the spirit of the master, I have studied and tried, and which seems destined to do much good to suffering humanity. It is to one of the nosodes, viz.: "Tuberculinum," that I wish to call to your kind attention.

To the statement of my own proving of Tuberculinum, I have added for the sake of general interest, a few of the notes I

took from Prof. H. C. Allen, who lectured on Tuberculinum at the Hahnemann of Chicago, in 1891, and likewise at the Hering, in 1892. To this shall be joined a few cases, which will illustrate the clinical results from the remedy in question.

Tuberculinum has been prepared in three different ways:

1. Dr. Burnett, of London, prepared it from tuberculous lung tissue of man.

2. Dr. Swan prepared it from tuberculous sputa, and

3. Later on Dr. Kent prepared the same from tuberculous lung tissue of a cow. The latter is also called "Bovinine Tuberculinum."

Dr. Burnett calls his preparation "Baccilinum," and he is the guaranty for it, as he has used it for about twenty years with excellent results.

MY OWN PROVING.

Tuberculinum^{cm} potency. Swan's Preparation.

June 13, 1892. First proving. First dose taken at 10:00 a. m.

Second dose taken at 1:00 p. m.

Third dose taken at 4 p. m.

Fourth dose taken at 8:00 p. m.

After supper, about 7:00 o'clock, suddenly noticed a dull, frontal headache.

Head seemed very heavy.

To this, after about fifteen minutes, came a great stupor and drowsiness, which then remained until bedtime.

Readily fell asleep and slept well as usual.

June 14.

Took four doses at the same hours.

Arose with same dull, frontal headache and stupidness.

Great indifference.

Did not care for anything, everything was immaterial to me.

To answer a question, or a call, and even to go to breakfast, seemed too much.

Would stand, or sit anywhere, as if in deep thought, when really I was in stupor.

Disliked to be talked to for fear I would have to speak.

Became very forgetful.

Had no appetite.

No ambition for anything.

Very sleepy about 11:00 a. m., preventing me from reading.

When sitting for five minutes fell asleep.

Same sleepiness after dinner.

Fell asleep in office, even when several people were walking around and talking aloud.

After reading a page, did not know a word of what I had read.

Great sexual desire came on about 4 p. m. Would call it a beastly desire. Any lady, and my sister was no exception, coming near me, I felt as if she came to have sexual intercourse. This same feeling came on when I looked out of the window and saw a lady pass by the house. The condition seemed quite natural to me, and just as if it had to be so.

Also was inclined to use dirty language, and a few times speaking to my sister, used words which I had hardly ever thought of before. I did not realize what I had said, until I had said it.

Would speak without thinking.

However, I realized the great annoyance and disagreeableness of these conditions.

At 3 o'clock a. m. awoke with sharp pain in abdomen, and in a few minutes had to hurry to stool, which was very watery, profuse, prolonged and exhausting, accompanied by a profuse sweat beginning at the head, extending downward over the whole body to the feet.

On sitting down, and before the evacuation began, the pain ceased.

In about half an hour there was another evacuation as before described, with the same preceding and following symptoms.

After this, I had rest, but still was weak on rising in the morning.

June 15.

Same symptoms at same times, also night diarrhoea.

June 16.

Same symptoms, but no diarrhoea.

The effects of the remedy lasted about four days.

June 23.

2d proving, same potency, Swan's Preparation.

1st dose at 10:00 a. m.

2d dose at 1:00 p. m.

3d dose at 5:00 p. m.

At 4:00 p. m., dull aching in forehead, getting gradually worse.

All symptoms as given above in the first proving, appeared again in the same order.

At 10:00 p. m., rumbling in bowels, then severe and sharp pain across abdomen, fore-telling diarrhoea.

The pain again ceased on sitting down in closet.

Stool profuse, watery and very prolonged.

Not as much sweat.

No more diarrhoea after that.

As soon as all symptoms of the first proving had appeared again, I stopped taking the remedy.

Ever since this proving, I am relieved of a dry, stomach cough, which would always follow a cold.

I have thus far read my provings in the order in which the symptoms appeared, but to facilitate studying the remedy, I shall clasify the symptoms.

(*1*) *Mind:* Very forgetful.

Great stupor and drowsiness, accompanying the headache.

Hated to talk or to be talked to for fear I would have to answer a question.

Great indifference as to things going on around, and about me.

No ambition to do anything.

Thought it too hard work to go to breakfast.

Would stand or sit, as if in deep thought or reflection, when in reality was doing neither, but was in stupor.

After reading, would not know what was read.

Inclination to curse and swear all of a sudden.

Uses vulgar language without realizing, but regrets it at once after uttering the words.

Speaks without thinking.

(2) *Inner Head:* Dull, frontal headache, accompanied by great drowsiness and stupor.

Head feels very heavy.

(3) *Desires :* Sudden loss of appetite.

No desire for anything.

(4) *Abdomen:* Sharp pain in abdomen, preceding diarrhoea, and ceasing when sitting down for evacuation.

(5) *Stool:* Diarrhoea at 10:00 p.m., and 3-4 a.m.

Stool watery, profuse, and prolonged, preceded by sharp pain in abdomen, accompanied by sweat, and followed by great exhaustion.

(6) *Male Sexual Organs:* Great sexual desire, worse when near or seeing a lady. (Thought, without the least scruples, that any lady, even his sister, when coming near him, came to have sexual intercourse.)

(7) *Cough:* An old, dry, stomach cough generally following a cold, was cured in prover.

(8) *Sleep :* Very sleepy all day <at 11:30 a.m., and after dinner from 2 to 4 p. m.

Falls asleep on sitting down in spite of people and noise around him.

Sound sleep at night.

(9) *Sweat :* Profuse and exhausting sweat during diarrhoea.

Sweat begins at head, and extends downward over whole body.

Notes from lectures. H. C. Allen.

Tuberculinum can safely be administered especially where there is tuberculous diathesis, when carefully selected and well indicated remedies do not relieve, or remain without any results.

Ringworms, of very large size, have been cured with Tuberculinum.

The Tuberculinum patient is naturally of sweet and quiet disposition, but all at once becomes cross, irritable and despondent.

Easily frightened.

Great fear of dogs.

Much headache in a certain part of head.

Distressing sensation as if patient were sitting in ice water, or as if there were damp clothes along the spine.

CLINICAL CASES.

CASE 1.

Jan. 10, 1893. Mr. S———, Carpenter. Aet. 34.

Parents died of consumption.
Has been sick for years; always something the matter with him.
Unable to work for six weeks now.
General weakness and prostration.
Loss of memory.
Eats well, but loses flesh and strength.
Frontal headache all day long, <on getting up.
>on moving about.
Salty taste in morning.
Hardly ever perspires.
Vision poor.
Hearing lost in left ear; ringing like bees in ears.
Loss of smell.
Gets easily chilled.
Cuts, bleed easily and profusely.
Coffee >nervousness.
Urine profuse.

Tuberculinum^{cm} one dose and Placebo.

Jan. 17.

>from day to day but feels weak still.

Jan. 24.

Dry cough day and night.
Pain in lower limbs.
Pain in sternum and chest <on coughing.
Hot feeling in sternum.
Profuse perspiration.
Tickling in chest and throat.
Sitting up in bed >cough.
Cough is brought on by laughing.

Phos.^{cm} one dose and Placebo.

As can be seen this case developed clear symptoms after the dose of Tuberculinum, and another remedy, viz., Phos., which then was indicated, was given with good results.

The weekly reports were all favorable until March 7th., when the report was as follows :

<All over, especially throat symptoms.

Hungry all the time, but still gets thinner.

Sulph. 55 m one dose and Placebo.

March 28th. Patient reported that he could work as well as two years ago and was discharged.

This case was treated before the class, at Hering College, in Prof. H. C. Allen's clinic.

CASE 2.

A young lady of German descent aet. twenty-five years. School teacher.

June 16, '92.

Nine years ago, came from Germany. On board ship, she got wet, and ever since catamenia are irregular, making their appearance once in two years, or once in a year. Also, since then, vomits after each meal. Once vomited blood, on board ship.

Food is vomited up, undigested, and terribly sour.

Pain in stomach after vomiting.

Likes sweets and sour foods.

Pickles draw stomach together.

Very bitter taste after breakfast.

Inclined to isolate and weep.

Wearies much about her daily duties.

>in open air, <from rich food.

Weeping >at times.

Mild, gentle disposition.

Menses suppressed. Headache and pain in back at time the flow should appear.

Puls.cm one dose, and S. L.

June 23.

No >and no change at all. Same symptoms.

Puls.cm one dose every other morning, followed by S. L.

July 1.

No change.

Platina cm one dose (Sk.). Sac Lac.

July 9.

Same symptoms.

Mother died with consumption twenty-five years ago

Rest of family are well.

Tuberculinumcm one dose. Sac. Lac.

July 15.

Not as severe vomiting, and not after every meal.
Appetite increased.
Had menses meanwhile—second day after medicine was given.
Cramps and sharp pains during menstruation.
Flow lasted four days.
Leucorrhoea after menses. Discharge white and thin.
Weak for last three days.

Tuberculinum^{cm} one dose. S. L.

Aug. 1.

Feels much stronger.
Vomiting as bad as before.
Headache in forehead and temples, <on getting up and all forenoon.

Acetic ac. 40^{m} two powders, one dose at once. One in four days.

Aug. 17.

Vomiting much >.
Became unwell. Pain not as severe and long-lasting as before.

Sept. 2.

Much better all around.

Sac Lac.

CASE 3.

June 6, 1893.

Mrs. A——— one of whose sisters had died of Tuberculosis, and who had been under my care for one year with facial neuralgia, cough with expectoration, etc., and for whom Sulph., Lyc., Bry., and Rhus-tox had been prescribed, according to my best understanding of the "totality of symptoms," without appreciable effect, received one dose of Tuberculinum ^{cm}.

June 22, 1893, she reports :

Stomach trouble gone for one week, not sour.
More regular stool.
Regular menses.
Pain under right shoulder the same, and extends through chest to front.
No change in rheumatism or neuralgia.
Right foot swollen.

Cough same.

S. L. >.

June 28.

Tuberc. ^{cm} one powder dissolved in eight teaspoonsful of water.

Two teaspoonsful at bedtime for four days.

July 17, reports:

Great change in bowels, both regular and free.

Looks much better.

Feel pretty well with exception of cough and pain in back, and that is less frequent.

Shooting pains across the heart less often.

This pain most severe in using right hand, viz.: ironing and sewing.

Craves sweet.

Dream of hanging from the top of the roof.

July 23.

Tuberc. ^{cmm} one dose dry.

This prescription developed a clearer picture of the case, and I requested an interview that took place Aug. 12, and took the case according to the Organon (sections 5, 6, 83, 95, 104).

Sensorium—Mild, gentle, easily moved to tears.

Head—Ache on vertex, dull, stupifying, <evening; <on excitement; <heat.

Eyes—Stitches in right with burning in evening.

Nose—Dry, chronic catarrh.

Ears—Losing the hearing.

Tongue—Dry, must drink often; irregular quantity.

Lips—Cold-sore on upper lip always after catching cold.

Taste—Foul eructations in morning.

Throat—As if a ring around larynx.

Neck—Enlargement of glands right side, painful when pressed.

Cough—Loose, with thick yellow expectoration forcibly ejected when arising in a. m.

Chest—Dull, aching pain in right pectoral muscle, extending to back below scapula, <when having a cold and from deep breath, <from motion.

Heart—Pain to heart starting from umbilicus.

Palpitation and pain <when lying on right side, and from excitement. >from a swallow of brandy.

Stomach—As if something hard in stomach. Food lies heavy, especially pancakes and cabbage.

Bowels—O. K. now.

Likes—Sweets.

Dislikes—Pie, fatty foods, and hates pork; can't eat it.

Abdomen—Cannot bear anything tied around abdomen.

Back—Back-ache as if cartilages ached in dorsal region. <from motion, standing straight and sewing. >sitting or lying.

Menses—Regular as to time of appearance. Always since commencement of catemenia appeared, flow lasts a week.

Flows strongly first three days, when begins to get less, and intermits.

Dark red and in clots.

Leucorrhoea—White discharge two days before and two days after.

Offensive, and at times excoriating.

Genitals—Bearing down pain beginning in right iliac, and extending over uterus.

Urine—Frequent micturition intermittent and with little discharge. <during night.

Smell is offensive.

Color changeable.

Extremities—Numb from lifting or any strain.

Rheumatic pain in joints.

Puffing of fingers.

<before a storm.

>on rest.

Sleep—Restless and gets up tired.

Dreams—Generally unpleasant; about being suspended, falling from a height, fighting and slapping her mother.

History—Applied cloths wrung in ice-water to genitals at first menstruation.

Family History—One brother died from Tuberculosis, and on sister is ailing from the same disease now.

Symptoms—Now better.

>Head.
>Cough somewhat.
>Chest symptoms.
>Heart symptoms great.
>Stomach symptoms.
>Bowels "O. K." now.
>Back—some.
>Menses. Offensive acrid.
>Sleep.

A renewed study found Pulsatilla to be the remedy covering the most characteristics and concomitants.

Puls. 200. 6 powders. One powder a night for three nights, then one powder every other night.

The result of the latter prescription will be given in a later report.

CASE 4.

Mr. C——. Railroad clerk. Aet. 21.

Father died of unknown cause at fifty years of age.
Mother died of Tuberculosis, thirty-five years old.
One sister died of Tuberculosis, twenty-seven years old.
Consumption on mother's side.
Patient resembles his mother.
He had scarlet fever when a boy.
Takes cold easily—on slightest exposure.
Cold affects lungs which seem to get stopped up.
Difficult respiration.
Constant whizzing and dispnoea after arising in a. m.
Cough follows the whizzing, which then is followed by expectoration of yellow, sticky, mucilagenous phlegm.
>On expectoration.
Attacks of whizzing, coughing and expectoration came also during the day at intervals of five or six hours.
<When having a cold.
Difficult expectoration i. e., expectoration only ejected after violent coughing.
Mouth dry all the time.
Headache and dizziness often caused by coughing.
Sweats all over body on slight exertion.
Hearing decreasing in left ear.
Offensive, watery and brownish discharge from left ear.

No appetite for breakfast.
Feet are cold and dry, but moist between toes.
Tired feeling all over body, coming on at any time.
Heat over body after meals.
Very fond of meat.
Dislikes eggs and pork.
Raising and belching after eating with taste of ingesta.
Repletion after even a small meal.
Troubled much with hang-nails.
Finger nails grow rapidly.
Much straining at stool ; movements scanty, does not feel satisfied.
Hip disease—right, side for thirteen years.

Jan. 16, '93.
Tuberculinum^{cm}.
Jan. 26.
Some > as regard to cough, breathing and whizzing for eight days.
Pain in chest also >.
Tuberculinum^{cm} one dose and Placebo.
Feb. 22.
>in every way.
Phlegm comes out easier, is not as sticks. Sometimes yellow, with black streaks.
Still some palpitation on exertion.
Feels fresher and can walk better.
Cough at present all gone. Some hawking at times with little white, foamy, expectoration almost like saliva.
Placebo and Tuberc. ^{cmm} if necessary, for a relapse.

When I saw this patient the last time about the middle of April, he declared himself to be a different man altogether, and that he felt free of all troubles, (except the deformity of hip disease, of course), since he had taken my last medicine, which was the reserved powder of Tuberculinum. I have not heard of him since, although he promised to write to me should he have a relapse, or even become afflicted with some new trouble.

Dr. Stow moved that the paper be accepted by the Society, and thanks be extended to its author. Seconded and carried.

Dr. Dever after presenting the paper of Dr. Straten for dis-

cussion, said that it was stated in the lecture upon Tuberculinum, that "it might be given when the indicated remedy did not act." Is that not a point which we were actively discussing this morning? Is there any such condition? Was the first remedy the "indicated remedy?" Is not the fact of the benign action of Tuberculinum a proof that IT was the indicated remedy? Should we not do well to say in these instances when the seemingly or superficially indicated remedy did not act, that we study the deeper or broader remedies.

DR. STRATEN—The author of the saying was Prof. Allen, of Hering College.

Dr. Stow saw much resemblance in the remedy presented to Stannum. Could Dr. Straten say anything of the odor of the sweat in Tuberculinum?

Dr. Straten found profuse sweat during stool, but could say nothing as to the odor.

Dr. Stow would call attention to the peculiar perspiration in such cases. There is always marked colliquation, debility, profuse and easy expectoration, and a seeming periodicity. This periodicity is shown forth in the intermittents, and it has been a query with him under such circumstances, as to whether it was due to suppression of that miasm, or an idiosyncrasy of the disease. A settlement of the question would be greatly helpful in prescribing. Having once decided the sphere of remedies having a certain periodicity, it would sensibly shorten the process of selection.

Dr. Nash asked if there is not always found in these patients the intermittent periodicity mentioned—i. e., hectic, etc.

Dr. Stow has often thought these conditions might be traceable to suppressed intermittents, and avoidable if the intermittents were cured in the first instance.

Dr. Nash believes that in many cases the disease of Tuberculosis can be traced to such suppression. In an incurable case for which he had prescribed, the fever, etc., was a perfect of the Nux-vomica chill, fever and sweat, and its administration was followed by perfect relief. Now in the Organon, Hahnemann teaches that in an acute condition, arising upon the chronic, the symptoms of the chronic condition are suppressed for the time being, and the acute runs its course. This clear case of Nux-vomica under which the acute symptoms were re-

lieved did not in the least relieve the chronic condition. The miasm had been suppressed by quinine years before, and a treatment of the symptoms of malaria by Nux-vomica in the first instance would probably have prevented consumption.

Dr. Dever inquires how much of real intermittent fevers, and malarial conditions, are to be found in New York State? After having practiced many years in the midst of malarial districts could state, that individuals from without the malarial districts coming there-to, after a year or so would take on malaria. If that malaria was suppressed by quinine, a frequent result was tuberculosis.

He then presented the following case for consideration by the Society.

EXPERIENCE WITH TUBERCULINUM.

About the first of last July, a young lady, twenty-three years of age, came into the office for a prescription for a slight cold. She complained of a pain in the superior anterior portion of the right lung, and further stated that a dry cough had for some time annoyed her, and prevented sleep.

She dexterously evaded my questions as to family history, and from what I could learn of her case, I prescribed Bry 2 c. Three days later Mrs. Hanley, principal of the school in which the young woman was pupil, asked me to come and see my patient, whom I found in the following condition as detailed by herself.

"I have had a chill every night about six o'clock, followed by thirst, fever, and debilitating sweat, which weakens me very much. I have no appetite. I am so weak I can hardly walk. I have had a profuse diarrhoea for a week. The discharge from the bowels is always preceded by pain, nevertheless, I never have any pain during discharge."

From Mrs. Hanley I learned something of the family history. Her father, mother and two sisters are dead of consumption, within the last three years. She was the only one left, and was in mortal fear of the disease. This fear was the only mental symptom worthy of note. Tuberculinum 2c one dose.

After about four visits she expressed herself well of the pain and all other distressing symptoms, no diarrhoea, no fever, no night-sweats, and a pretty good appetite.

She left for Amherst, Mass., from whence she expected to go to Alabama as teacher. She felt it her duty or desire to see the family doctor, who had so successfully laid her father, mother and sisters to rest. She saw him. He gave an unfavorable prognosis, prescribed Nitro-glycerine, and notwithstanding she was able to be about the house, she died in less than a day.

The remedy produced great excitement, bright, red face, glistening eyes, throbbing of the arteries, a rapid pulse that became slow, the lips became blue, nose pinched, blue nails, and death.

The doctor told her friends that he knew her doom was sealed when he examined her a few hours previous to her death, but he did not know how to account for her sudden taking off, as he had not then thought there existed a sufficient degree of tuberculous deposit to warrant so rapid a termination.

It is but just to say that on my examination of the case before prescribing Tuberculinum, that I felt satisfied that there had already taken place a considerable deposit of tuberculous matter in the superior lobe of the right lung.

My prescription had established the menstrual flow that had been suppressed five months.

Dr. Nash would like to ask Dr. Biegler if he had often prescribed Tuberculinum.

Dr. Biegler had not often prescribed the remedy. The case of Tuberculous tumor in the brain was the only case cured with the remedy. Has confined himself to the use of remedies whose provings were more complete, but is inclined to think that it may have been a mistake since listening to the provings and cases reported here to-day; has thought of several cases, and of this one in particular where Tuberculinum seemed to be applicable, and yet where is own treatment and the fact that she is now about, had been considered a miracle by all who knew the case. Asks Dr. Dever about the chill, fever and sweat in the case just reported.

Dr. Dever thought his prescription was made upon other indications, such as the history of the cough and diarrhoea.

Dr. Biegler thinks his reason for not giving this remedy was his endeavor always to prescribe upon symptoms, and not upon the name of a disease, and there seemed to be so few symptoms yet recorded of Tuberc.

In the case mentioned, a girl of twenty-two years, whom he remembered at sixteen, and who said he had prescribed for her at twelve, there was a history of tuberculosis. She was the only remaining member of a large family. It was a case of mesenteric atrophy, and he had simply to fight for her life with the most careful prescriptions, and careful supervision of her nourishment, which must never be over-looked in these cases. She was a living skeleton, could keep no food on stomach, had had several hemorrhages from the stomach, but is now up and about.

She has been kept alive, and that is about all; ought she to have had the nosode? She is little more than a skeleton, but is recovering. It is possible that Tuberculinum would promote assimilation. Examination by a lady physician had reported imperfect development of the sexual organs. Thinks he may have been too strict in avoiding the use of this nosode, not desiring to prescribe for a name.

DR. NASH—In the case reported by you in the Organon, had you then the provings of Tuberculinum?

DR. BIEGLER—No. I prescribed then upon Dr. Swan's advice.

Dr. Nash has had the same fear of prescribing upon a name. We have at last good provings of Psor. Why should we not have of Tuberculinum and Medorrhin?

Has many times cured with Medor. and Syphilinum conditions that simulated those diseases, but if a remedy is to be administered as a nosode, it should cure every time. We know this is not so, and so constantly warn against its use this way. We say give Tuberc., give Psor., etc., when the indicated remedy fails. Was it the indicated remedy that failed, or did it only seem to be so, and the final prescription prove to be the really indicated remedy.

In a case of consumption, when the remedies he thought indicated had failed, Phos., Sulph., had been given with no result. A final prescription of Tuberc.^{dm} his own make, was followed by improvement. An intercurrent of Puls. ^{mm} before the period at which the suppressed menses were due, with full menstruation, followed by a prescription of Tuberculinum ^{mm} and she is well today.

Dr. Biegler suggests that a careful record be kept of the

symptoms cured of the cases in which Tuberculinum is prescribed, and reported, with the final result, and so increase our knowledge of the remedy. In the case of cure reported in the Organon the strabismus was never restored, but the patient is very well and now twenty-six years old.

Dr. Nash discusses the difficulty of finding provers for the nosodes, and relates some instances of involuntary provings.

Dr. Biegler followed upon the same subject.

The Secretary reads a letter from Dr. J. G. Schmitt, referring to a former and exceedingly faithful Secretary of this Society.

Dr. Stow remembers Dr. C. P. Jennings well, and also that he was one of the most faithful and indefatigable workers, and would move, he believes, with the most hearty concordance of this Society and of the members who once knew him, that a committee be appointed to draft resolutions of commendation for that work, and sympathy for his present sufferings.

The Secretary would suggest as an amendment to that motion, that as we have an Honorary roll of membership of this Society, Dr. Jennings' name should be added thereto, and he be informed of the same.

The amendment accepted.

Dr. Biegler amends that Drs. Schmitt, Seward and Stow be appointed as that committee, and Dr. Schmitt be made chairman and report the same at the December meeting of this Society.

The amendment accepted, the motion made, seconded and carried.

There being haste to meet the trains on the part of some of the members, motion was made to change the order of the meetings, and now call for the election of officers. Seconded and carried.

Dr. Stow said it was a usual course of procedure in a body of this kind to elect for the coming year the vice-president of the preceding year. A reason for the suspension of this act of courtesy to the former vice-president only lay in the fact that we have among us, and we may not long have opportunity to avail ourselves of that fact, an old war-horse, resident of this city, whose faithful, staunch, and constant labors for the good of homœopathy, has not lately been sufficiently recognized by

this Society. He would therefore nominate Dr. Stephen Seward for the President of this Society for the coming year.

Dr. Dever is most happy to waive any rights or courtesies he may be supposed to have in the matter, and believes with Dr. Stow that our opportunities will be few in which to confer such honor, as our brother has already passed his four-score years. He heartily seconds Dr. Stow's motion.

Dr. Nash would amend that Dr. Dever will allow us to retain him as vice-president with the view of the presidency next year.

Dr. Dever certainly considered it an honor to become the President of this Society, but would also most gladly confer the honor upon Dr. Seward and leave it for the choice of the Society upon whom those honors should fall, another year.

It was moved, seconded and carried, that the Secretary cast the ballot for President, Dr. Stephen Seward, Syracuse, N. Y.

Dr. Dever being nominated for vice-president, motion was made, seconded and carried, that the Secretary should cast the ballot for Dr. Dever, Clinton, N. Y., as vice-president.

The ballot was then cast by the Society for the re-election of the present Secretary.

It was moved and seconded that the Secretary cast the ballot for Dr. Stow, Brewster, and Follet for the Board of Censors, making Dr. T. Dwight Stow the Chrirman. Carried.

Dr. Leggett has a suggestion to place before the Society in relation to the sections of the Organon read at each meeting, and would move that a member be appointed at each meeting for each succeeding meeting, who should read and expound through an essay, the subjects of the sections next in order, according to his best light, and the best instruction obtainable, and that the members appointed should first be chosen from among the senior membership. Seconded and carried.

Essayist for the Organon section 121 to section 140 inclusive, Dr. T. Dwight Stow.

Essayists on medical subjects Drs. Hoard, Clapp, Schmitt, Follett.

Adjourn to Rochester, December 21, 1893.

S. L. GUILD-LEGGETT, Sec'y.

PROCEEDINGS OF ORGANON AND MATERIA MEDICA SOCIETY OF PHILADEDPHIA.

MINUTES OF MEETING NOV. 6TH, 1894.

The Organon and Materia Medica Society held its regular meeting at 1317 Ridge Ave., Philadelphia. In the absence of the President and Vice-President Dr. Kent was appointed chairman for the meeting.

After the roll-call, the minutes of the October meeting were read and approved.

Dr. Olds read paragraph 86 of the Organon, and commented on it as follows :

The particular paragraph is linked very closely with some of the preceding ones, and with certain others that follow, especially paragraphs 84-90. In fact, it seems that each paragraph of the Organon depends upon some other paragraph, from the first to the last. It is like a chain—if one link is taken out the chain is useless. So with the Organon—if one paragraph were taken out something would be lost—it would not be perfect. The sum-total of the paragraphs of the Organon makes a perfect whole. The sequence of the paragraphs is most wonderful. The book is a wonderful book, an orderly book. It could only be written in this orderly way by an orderly mind. Hahnemann takes us along step by step—he adds one truth to another—until at the end of the Organon we have a great truth made up of lesser truths. The book is beautiful because written in an orderly manner. All things are beautiful that are in order.

Why was Hahnemann such an orderly man? Why could he think, write, do all things—in such order? Simply because he threw away all theory. He could not have done this had he adhered to the theories of the day. He left the theories behind and sought only truth. He wrote to his sister, Madame d'Hervilly, "I sought truth earnestly and found it." In the same letter he says further: "Les plus inestimables tresors sont une conscience irreprochable et une bonne sante; l'amour de Dien et 'etude de soi-meme donne l'une, l'Homœopathie donne l'antre." "The most valuable treasures are an irreproachable conscience and good health; the love for God and the study of one's self gives the one, Homœopathy gives the other." An

irreproachable conscience is given by a love for God and a study of one's self; and without that, no one can earnestly seek truth. Hahnemann had an irreproachable conscience, and thus he was able to seek truth and find it. If the mind is full of theory, full of falsity, truth cannot come. All things that proceed from truth are orderly, all that can be predicated of truth is in order.

"When the patients and attendants have ended their statements of their own accord"—not until then does the physician break in unless the patient has wandered into something entirely irrelevant. The physician reads over again each symptom he has taken on paper, and asks the patient about each symptom. Perhaps the patient has said "I have a pain in my head." The physician must learn all the modalities of that pain; first, the *time* when the attack occurs. If symptoms occur before taking medicine they are symptoms of the patient; if during or after taking medicine they may be due to the medicine. The kind of pain and exact place must be learned. It is important to know the kind of pain. Some patients have stitching pains all through them, some throbbing pains. So with some remedies. If there is a pain in the back it is important to know whether it is between the shoulders or in the coccyx. The study of the mode in which paroxysms occur is important in cases of chills and fever. Further the doctor should learn at what time of the day or night and in what position of the body the pain was most violent or altogether absent. Every symptom should be made a subject of careful inquiry.

Dr. Kent—Questions about symptoms that are common may be directly asked without misguiding as to the remedy. But if you say "Have you a headache coming on at six in the evening, <lying down and >hot water?" and the patient says "Yes," and you prescribe on this you are likely to make a failure.

Dr. Rushmore—Since these details of the symptoms correspond with details of the provings, he who knows the Materia Medica best is most likely to know what to ask.

Dr. Olds—The oftener one reads over these paragraphs on taking the case, the more good he can get out of them.

DR. KENT—The more one knows, the more he can get out of the Organon.

Dr. Gladwin read paper on Psorinum.

PSORINUM AND SULPHUR.

BY FREDERICA E. GLADWIN, M. D., H. M.

Psorinum was the founder of the great patrician family, Psora. His ancient name was not Psorinum but for convenience sake we will call him that. History gives us a pretty good knowledge of him, but it does not tell when he was born nor where. That his birth occurred way back in antiquity is known because in Bible times one branch of his family, the branch called Leprosy, had already become so aristocratic that special laws were made to prevent undue familiarity, on the part of the people, toward its members. It is also known that all along down the generations, both royal and loyal blood, has been plentifully mixed with that of Psora. However patrician, Psorinum family may have become, he himself was very plebeian; though what does that matter? all patrician family trees have somewhere touched plebeian soil.

Had the boy Psorinum lived today, he would be found in the slums of one of our great cities, the saddest, dirtiest, little sore-eyed, sore-headed, foul smelling, filthy, young ragamuffin that ever lived, but Psorinum lived before the gamin appeared in the cities—it may be before the cities themselves appeared so as he couldn't have been a gamin; he must have been a swinehead. Probably it was because he tended the swine so well that he received the title, Sir, his original name being Ra. All down the generations the family bore the name of Sir Ra, corrupted to Psora, until a recent genealogist, on trying to gather Sir Ra's history from an aristocratic offshoot of the family, further corrupted it to Psorinum.

Psorinum, the swinehead, never really liked his work; he became discouraged, melancholy, joyless, that may be the reason he had no ambition to be clean. The influence of companionship is so great that one soon makes the desires and thoughts of his associates his own; 'tis no wonder then that with swine for comrades he is found without ambition and dirty. Like the pigs he just revelled in filth; having lost his sense of smell it wasn't so offensive to him as to other people. He was so

dirty that he became scabby everywhere, thick, dirty, yellow, scabs came on the scalp and extended to the forehead, neck, ears and cheeks; scabs crack and ooze yellow water, yellow offensive pus flowed from beneath the crusts ; his hair became stiff and tangled and full of vermin ; his skin was dirty and greasy looking; offensive, scabby eruptions could be found anywhere on his body; he looked and smelled as though he never washed, and probably he didn't.

What remarkable thing Psorinum did to raise his family above its plebeian origin is unknown unless, as I said before, he tended the swine so well. It is possible that some of the inventions of his grandson, Sulphur, were attributed to him. Psorinum and his grandson, Sulphur, are as near alike as two peas and one is often taken for the other.

It is a pretty difficult matter in this world of ours for a plebeian to assert himself; so it was with poor Psorinum. Whenever he dared to express himself, he was immediately suppressed. No wonder he became restless and anxious and afraid he would fail.

Sulphur was more philosophical than his grandfather, but in disposition he is much like him. Both are sometimes low-spirited, sad and unhappy, and at times both are stupid, though Sulphur is not quite so intense in these respects as Psorinum.

Sulphur seems to have a real affection for his grandfather. He knows that every natural thought and action of the old man has always been suppressed, he resents the injustice and never loses an opportunity to hunt out the old gentleman and bring him before the public; it is true the old gentleman soon retires of his own accord, but Sulphur is satisfied for he has undone a wrong. It seems to be the object of Sulphur's life to undo the wrongs done to his grandfather, Psorinum, and yet he is called anti-psoric. Ah, well ! People are often misjudged by the masses who see not below the surface.

□ Psorinum and Sulphur could never long enjoy each other's society, for Psorinum is not comfortable in the open air, while Sulphur nearly suffocates in a warm room.

Psorinum had a ravenous appetite. He could eat all the time; but hungry as he was he could never be persuaded to eat pork It's too much to expect that one could eat one's early companions.

Psorinum was fond of his beer and always wanted it with his dinner. Sulphur seemed to inherit this taste in an intensified form: he had a violent thirst for beer and ale and an insatiate thirst for brandy; at times he wanted to drink from morning until night. Poor Sulphur! he is not the only one who could not refrain from the abuse of the alcoholics because his ancestors carelessly indulged in their use. 'Tis a fiendish inheritance—that awful thirst—'tis born of selfishness and it begets selfishness. Knowing as we do that the abuse follows so closely on the heels of the use of the alcoholics how dare we "draw the line between the two when God has not."

Psorinum is tired, nervous, weak, a very little labor exhausts him; he looks pale and thin and is chilly; he has so sensitive a cold that he puts on his thick winter wraps in hot weather; Sulphur is tired, weak, thin and stoop-shouldered, but Sulphur is always opening the windows for fresh air.

Psorinum was troubled with dyspepsia—it's a frequent trouble of drinkers—he would waken hungry at night, but there was a heaviness in the stomach after eating which took off the keen edge of his pleasure, if not of his appetite; he was troubled with sour, rancid vomiting and eructations tasting of rotten eggs. Sulphur seems to have inherited his grandfather's weak stomach along with his drinking propensity. No matter how hungry Sulphur may be a little food fills him, he also has the eructations tasting of rotten eggs and the acid vomiting. Sulphur is hungry at 11 a. m. instead of during the night as is his grandfather. When Sulphur's appetite is frightened away at the sight of food he endeavors to make his account even by drinking, for when Sulphur eats little he drinks much.

Psorinum's tongue has no taste at all, while Sulphur's tongue, in its endeavor to please him, goes to the other extreme and takes on every taste imaginable: it wakens him in the morning with a foul, bitter taste, and then goes on down through the list of sour, sweetish, metallic, coppery, pasty, vinegary, putrid, nauseating taste, etc., to the end, but Sulphur is no more pleased with the result than is Psorinum.

Both had the colic, but Psorinum's colic was cured by eating while the colic of Sulphur was brought on by eating.

Both have the diarrhoea, beginning in the night or early morning, both have sudden urging, almost involuntary stool,

both have an offensive stool, the odor of which is extremely penetrating and clinging, but the characteristic stool of Psor. is brown fluid, while that of Sulph, may have almost any character or it may be changeable. Psorinum and Sulphur each have pains in the cardiac region, which is made worse by taking a deep breath; both have palpitation with anxiety.

Like Psorinum, Sulphur is subject to stiff neck and the glands of the neck of each are swollen; though the swollen glands of Psorinum are more likely to be painful to touch than those of Sulph.

Sulphur does not object to dirt any more than his grand father did; his face looks just as sallow, dirty and dingy as Psorinum's. It's true, Sulphur's face does not look quite so greasy as Psorinum's, but then Sulphur was not raised with the pigs. After Sulphur took to drink his face became red, swollen and coarse; Psorinum did not drink to such an extent as Sulphur and he only had a big red nose.

Sulphur seems to have inherited the "bad blood" of his grandfather, for he also is covered with eruptions. Oh, how those eruptions do itch! They both scratch until the skin bleeds. Psorinum rubs to relieve the itching and develops pustules and vesicles, while Sulphur's rubbing leaves a sore burning place and white nodular blotches. Sulphur's itching is really an illustration of impish coquetry, for just as poor Sulphur is congratulating himself that he has conquered it, off it springs to another place, with a seeming "here we are again," and goes to work with renewed vigor. The itching begins when he is undressing at night, growing worse from the warmth of the bed; it torments him until three or four o'clock in the morning, when it withdraws to plan a new campaign, which shall begin when Sulphur awakens in the morning. There is nothing of coquetry about the itching of Psorinum; as soon as he becomes warm in bed it settles down to business: attacking the whole body, it works steadily on until midnight. When at last Psorinum and Sulphur fall asleep they are disturbed by vivid, anxious dreams, the effects of which linger after waking. With such flights with the itch fiend before sleep and such fearful dreams during sleep it's no wonder that both are tired in the morning and sleepy during the day. When Psorinum was a

child, he would fret all night and be as lively as ever next day. Even in adult life he is not so tired in the morning as Sulphur.

It is daytime. Sulphur is yawning with sleepiness, just as grandfather would if he were here. Let us tiptoe softly out and leave the day to give what the night refused, a restful sleep.

Dr. Smith read a paper on Clinical Medicine.

CLINICAL MEDICINE.

BY LINNAEUS SMITH, M. D.

Case No. 1.

Hattie Bell, aged 6, vaccinated by city physician June 20th, 1894. Healed up in the usual time followed by furuncles. Now, August 25th, 1894, broke out with a circular rash, coppery color, scaly, from the size of a pin-head to a half-dollar, from neck and shoulders down to waist, some on thighs. Itching caused scratching. Eating and sleeping good, no other symptoms. Tuberculinum ^{cm} one dose. Cured.

Case No. 2.

In 1882 was called to attend Bella H., aged 2 years; had been sick one year; had seven doctors, W. C. Goodno one of them. Child's legs and arms emaciated, abdomen very much distended with veins running over it. The child had the appearance of a frog. The mother gave me the symptoms as well as she could remember before she began to give it medicine. Sour vomiting, whitish stool, urine yellow, profuse, offensive, redish sediment. Wanted to be uncovered yet legs cold. Sweat down back. Ravenous appetite, then not any. I gave Lyc. 40^{m} B, D. T. in repeated doses. The repeated dosing, in all cases, was my instructions by Malcolm MacFarland. The child began to slowly improve, and is now a bright healthy girl of 14.

I give instructions to my patients to abstain from whisky, beer, tobacco, tea, coffee, sugar, vinegar, aromatics and perfumes in general.

Some physicians feel very much offended if the patient puts on the outside, as a wash or liniment, aloes, soda, alcohol, tobacco and water, but the same patient can put the same ingredients in the stomach in the form of lager beer and not a word said about it. Why is this? Do these physicians pretend to say that a liniment rubbed on the outside will do more harm than the same taken into the stomach?

A part of paragraph 259 of Organon "Everything which exercises a medicinal influence on the patient should be removed from his reginem and mode of life," and foot-note to paragraph 260 is very clear and positive on this subject. Why is it not observed?

Dr. Medley said that she had not been as successful in curing scaly, copper-colored eruptions ; but that she had never used Tuberculinum.

Dr. Rushmore—Alcohol internally and externally applied modifies different functions—is not subject to quite the same rule.

The names af Drs. Amelia Hess and Julia Loos were proposed for membership.

Drs. S. Mary Ives, Maybelle M. Park and Clara L. Tobey were elected to membership, the ballot being cast by the Secretary for the society.

This being the annual meeting, the election of officers was held, with the following result:

President, Dr. Olds; Vice-President, Dr. Hinds; Secretary-Treasurer, Dr. Ives.

Essayists were appointed for the December meeting as follows:

Organon, Sec. 87, Dr. Johnson-Olds; Materia Medica, Dr. Medley; Clinical Medicine, Dr. Mulford.

The meeting then adjourned.

Dr. Mary Johnson-Olds, Secretary.

Virginia.—The state board of medical examiners consists of three members from each congressional district and two from the state at large, also five homœopathic physicians from the state at large, appointed by the governor from a list of names furnished by the medical society of Virginia and Hannemann Medical Society of the Old Dominion. Applicants must pass a satisfactory examination before this board. He may accept, in lieu of examination, a certificate from a medical board of any other state, showing that said applicant has passed a satisfactory examination and obtained license from that board. The certificate must be recorded by applicant as provided in act —*Minneapolis Homœopathic Magazine.*

Editorials.

*ONE OF THE NEEDS OF HOMŒOPATHY.

J. E. MANN, M. D., OMAHA, NEB.

Our medical brothers of the eastern states believe that the West is the Homœopaths' Paradise, that all the fighting for supremacy of place and position is being done by them. But they are mistaken; the same efforts at domination characterizes the old school here as there. Successful state and inter-state organization makes the Homœopathic fraternity of the East one large, wide-awake, aggressive body, united at least upon one idea and that is the preservation of their identity and maintainance of their dignity as a profession. We have here in the West many things to fight for, chiefest of which is a proper representation on the staffs of the state charity institutions and asylums.

Our representation on these staffs should be in proportion to our members as compared to old school physicians.

In that case they would have the best of us, because the average amount of work done by the Homœopaths is almost double that of the Allopath. In another sense, we would have the best of them because a larger per cent of old school patrons are inmates of these institutions. This for two reasons, viz.: 1. The Homœopathic patronage is composed almost exclusively of the wealthier and better educated classes. 2. When we have a sane man we keep him so by the proper similimum. When we find an insane man we make him sane by sane treatment and he is not kept poor, paying drug bills. There's work ahead for the western fraternity and the proper way to commence it is by organizing—a thing to be wished for in this line is a more thorough and intimate acquaintance with the individual members of our profession.

As a personal acquaintance with every member is impracticable and beyond the question, the next best thing is to be-

*Read before the initial meeting of "The Missouri Valley Homœopathic Medical Association," at Omaha, Neb., Nov. 21, 1894.

come familiar with the names and character of work done by each one.

Every Homœopathic physician is a live entity of the whole fraternity. He is a cell element in the Professional body. He can be a useless, inactive cell, not imparting any life or vigor to the main body, or he can by his labor and effort be a most important factor therein. Unlike the cell in the physical economy, he is subject to his own will power and is responsible to his patrons and his profession for his activity or inactivity.

Every one of us is differently constituted but each is endowed with a certain individuality or originality that manifests affinity for other characters as surely as do the opposite poles of a magnet.

What is said by one man carries no meaning to certain others, but in the minds of some there is awakened thoughts which otherwise would never be aroused. The hesitancy on the part of physicians and their reluctance to become familiar with their fellow practitioners is in a great measure due to the thought that they may manifest a weakness or inferiority.

"Bless you, my dear doctor," we all have our weaknesses and everyone of us is inferior to another in certain things. It is a strong man indeed that knows his weakness, and especially is this true with the physician and the sooner we find it out the better. The object of a closer relationship and a more mutual interchange of opinion and thought is to make our strong points stronger and likewise develope our weak places.

Every journal we read (and we should read many) is full of individual opinions. Ideas as to etiology, pathology, diagnostic points, general care, duration, treatment and results of different diseases.

These opinions may be elaborately worded, scholarly and very impressive, or they may be couched in the plainest of plain English. Each one endeavors to make his point and does it to the good of many readers. The author not only iucreases his own ability and knowledge by the necessary researches requisite to the preparation of his paper but imparts to others that which he knows, and thus we are all benefited. There may be some who have had a similar experience and whose thoughts are in perfect accord with those written, but there are countless others to whom it is new and to them it is knowledge.

Where is there a physician, with any considerable experience, who has not had anomalous cases? Who has not discovered something he was not taught in College? It is an experience that has come to us all. Now, doctor, it is these things we want to know from you.

We are not through college. The whole fraternity is one vast normal school and each member thereof a professor. It's your lecture hour, doctor, and the class composed of full fledged M. D.'s sit on the benches anxiously awaiting your appearance.

Will you disappoint them as so many have done for years and years and thereby compel others more willing to forge ahead in the educational line, to fill your allotted time? You may be only able to use plain English and not fill the entire hour, but there are none in the class but can understand plain language and some may be pushed for time so that your efforts will be fully appreciated. Homœopathy would be stronger today if we were more fully organized. If each individual physician constituting a cell element in the whole body would take on a new and active life, determined to perform his function in eliminating that which is erroneous, effete, and dangerous and to help lay up that which is good, true and wholesome in the annals of our journals in our national, state, county and city societies. If every professor was prompt and punctual to his hour and filled in his entire time or as much of it as circumstances would permit, what a vast amount of knowledge would be disclosed and what a benefit could be derived therefrom.

It would be an extra incentive for us to fortify our weak places and we would do so right willingly by the knowledge imparted by others. Our efforts would aid in strengthening equally weak points. Our combined efforts would make a perfect educational monument that would be a fitting sequence to the one in bronze we are erecting to the illustrious founder of Homœopathy.

We need a more concerted effort and action on the part of every Homœopath. We want to know you; to know that you are with us; that you are for Homœopathy. Our individual opinions will be like the different pieces of material entering into the construction of a building. Each piece of itself may

be insignificant and be finished by different mechanics in different parts of the country. Yet when they are collected and laid each in its place the grandest of edifices is the result.

Our opinions, when gathered and assorted to their proper place, will complete the mental structure. We should know each other from the names attached to something that is tangible evidence that we fill a place in the important monument of progress. All may not be preachers but all can be teachers. We should put aside all petty jealousies and the fear that if we tell what we do in some special cases our colleagues will be able to do as well as we. Don't you know that if your colleague has good success that it is accounted to Homœopathy and as a Homœopath it redounds to your credit as well. Your colleague's success is in part your success. Let us each pass new resolutions right here and *stick to them* that henceforth we will be identified with all our local societies and if possible the American Institute as well. That we will contribute an article at least every six months to a journal of medicine or to one of our societies.

This much as a matter of courtesy we owe to the profession. This much as a matter of duty we owe to ourselves in the way of study and research which will augment our worth to the people and hence increase our practice. This much we owe to the cause of Homœopathy in that it will unite us in one common effort to secure our constitutional right of "equal representation."

PERSONALS.

Dr. E. C. Ogglesbee, formerly of Cedarville, Ohio, has moved to Xenia of the same state and opened an office in 112 E. 2nd st.

Colorado City, Texas, lost a good man when they permitted Dr. G. W. Sherbino to leave their midst, and the citizens of Abilene are to be congratulated on securing his services.

Another Buckeye believes in the Greely maxim and has chosen the town of Fithian, Ill., in preference to that of Tiffin, Ohio.

Dr. Karl Greiner, of Chelsea, Mich., is now located in Lisbon, Kent Co., Mich.

J. E. Huffman, 1123 Oak street, San Francisco, Cal., announces his intention of casting his lot with Hering Medical College next year. He is a good man and will be made very welcome.

Dr. H. W. Champlin, of Towanda, Pa., has been several weeks at the Lincoln Park Sanitarium in this city studying orificial and gynecological surgery with Prof. E. H. Pratt.

President McClelland, of the American Institute of Homœopathy, has appointed W. Tod Helmuth, M. D., a member of the Hahnemann Monument Committee to fill the vacancy created by the decease of J. P. Dake, M. D.

At the last regular election of the St. Louis Homœopathic Medical Society Dr. J. Martine Kershaw was re-elected president; Dr. C. J. Luyties vice-president; Dr. F. D. Canfield secretary.

Dr. T. Engelbach, founder of the Homœopathic Pharmacy and Surgical Instrument Depot, old number 150 Canal street, elsewhere announces that he has transferred his entire business to Mr. August C. Freitag, who will continue it for his own account. Mr. Freitag has been associated with the doctor in charge of the depot for the past ten years, and on turning the business over to him the doctor, who retires to confine himself exclusively to his practice, could not have found a more fitting, competent or popular successor.—*The New Orleans Daily Item, Jan. 5, 1895.*

IN MEMORIAM.

Resolutions passed by the Central New York Homœopathic Medical Society, at Rochester, N. Y., December 20th, 1894.

As the years roll by, we are painfully reminded of the brevity and uncertainty of life. From time to time, we have been called upon to mourn the loss of some one of our members, until they who have gone before us, number as many as they who yet live and act with us.

Glancing backward, we recall the names of Drs. Clary, Haw-

ley, Hoyt, Miller, J. G. Bigelow, Frank Bigelow, Smith, Potter, Pool, Spooner, Benson, Sumner, Gardner, Wells, Mera, Schenck, Brown, T. L. Brown, Munger, Robinson, Squier, Richards, Schmitt, and now we learn of the death of one of our old Secretaries, Rev. C. P. Jennings, S. T. D., M. D., who died at his daughter's residence in Shelbyville, Ind., November 20th, 1894. He was Secretary of this Society from December 18th, 1879, to December 20th, 1883.

Dr. Jennings was an Episcopal Clergyman, who officiated at several points in this state, a man of decided ability, great decision of character, fearless in his espousal of the right as he recognized it, a warm adherent of Hahnemannian Homœopathy, and a zealous advocate of it. Of late years his painful infirmity, multiple sclerosis, cut him off from intercourse with us, and prevented his active participation in the work, but we feel assured that he was with us in spirit. We deem it not only well, but a duty to record and publish these sentiments in a suitable way, and to that end we offer the following :

WHEREAS: Death has again taken one of our number, in the person of Rev. C. P. Jennings, S. T. D., M. D., a time honored, respected and zealous member, formerly Secretary of this Society, therefore

Resolved: That we fully understand and acknowledge the meaning of the loss of such members of this Society, as Dr. C. P. Jennings, who was a scholar, a man of integrity, and an uncompromising homœopathician.

Resolved: That in the capacity of Secretary of the Central New York Homœopathic Medical Society, during the last year of the seventh, and the first years of the eighth decade, of this century, he rendered us very valuable service, for which we are under obligation to his memory, which we cherish.

Resolved: That we truly sympathize with his widow—if she survives him—and with his relatives and friends, wherever they may be, in their bereavement, and we rejoice with them, in the fact, that he maintained an honorable, just and consecrated life, a life devoted to the welfare of humanity.

Resolved: That a copy of these resolutions be furnished the family of Dr. Jennings, and to the *Homœopathic Physician*, and the MEDICAL ADVANCE for publication.

T. DWIGHT STOW, }
A. B. CASE. } Committee.

THE

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Materia Medica and Therapeutics.

The lectures on Materia Medica by PROF. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

THUYA OCCIDENTALIS.*

PROF. J. T. KENT.

The general appearance of the Thuya subject, if he has a characteristic picture, is that of a waxy, shiny face, it looks as if it had been smeared over with grease, and is often transparent, he is a sickly looking individual, looks as if entering upon some cachexia. This is often the case in the sycotic constitution and the cancerous cachexia, weakly, cachectic, yellowish, or often very pallid.

The skin manifests a great many symptoms. The perspiration is peculiar, it is sweetish in odor and smells like honey, sometimes like garlic, strong and pungent. A pungent odor emanates from the genitals, sweetish honey-like odor to the sweat from the genitalia, he smells his genitals. The odor is also like burnt horn, burnt feathers or burnt sponge. These peculiar strong odors are particularly present when there are fig warts upon the genitals such as Thuya cures.

The skin looks unhealthy everywhere about the body and

*Notes from lecture at Philadelphia Post Graduate School of Homoeopathics.

there is a copious sweat on first going to sleep, like Arsenic. If you had only the waxiness such as Arsenic and Thuya produce, you might prescribe Arsenic. Arsenic is often the acute and Thuya the chronic. You remember that Arsenic is usually a chronic remedy.

A peculiar asthmatic condition is found in sycosis and Arsenic appears to be indicated for the symptoms, but it only relieves, it does not control the predisposition, it acts like Aconite in acute diseases and only ameliorates for a moment. Asthmatic and many other sycotic conditions seem to call for Arsenic, but it will do nothing but palliate, the constitutionality is not reached by Arsenic, it lacks depth of action in this direction. In syphilis and psora Arsenic acts a long time and eradicates the complaints, when similar to them, but it is not similar to sycosis. Arsenic does not go to the bottom of the trouble, but Thuya and Natrum-sulph. will take up the work, they are both complementary to Ars. in sycosis. Natrum-sulph. and Thuya bring back the primitive manifestation that has been suppressed for years.

Now the tendency of the Thuya patient is to throw out wart-like excrescences, which are soft and pulpy and very sensitive, they burn, itch and bleed easily when touched and rubbed by the clothing. Horny excrescences that form on the hands and split open, form upon a pedicle and crack around the base. Cauliflower excrescences in the vagina and upon the cervix uteri, about the anus, like Nitric-acid, about the labia majora and mucous membranes generally. Horny excrescences, more upon the skin. Warts of a brownish color, especially if upon the abdomen, great brown spots, like liver spots, form upon the abdomen.

Zona around the chest, herpetic eruptions everywhere, here and there, like Sepia, herpes labialis and preputialis. Zona is a herpetic formation, great vesicular patches come out all over, called "shingles," here we should compare Thuya, Rhus, Graph, Kali-hydr. and Mezereum.

This condition is attended with a great amount of suffering and neuralgic pains. In cases that are sycotic, Thuya is especially a grand remedy. Now you will have a class of cases coming to you where the warts have been caused to disappear *by calomel, which* makes them shrivel up and fall off, such is

the old school treatment. It is sometimes a dangerous thing to know that calomel will do this. Now the patient comes to you with erratic symptoms, you may study for hours and days over these symptoms, and see very little order in them, you will realize that the leading features have been left out, if you are strong in your materia medica. Some scoundrel put on Nitric-acid, calomel or something else, and drove the fig-warts away. These condylomata could not come without having some constitutional basis, these warts have a cause, and that cause seems to be less able to make the patient sick if he has the warts, he feels better when he has the warts. Strange to say, when these warts have been chased away, we get a lot of little symptoms of Nitric-acid, Thuya, Mercurius and Staphisagria.

Thuya leads all medicines for symptoms coming from suppressed fig-warts.

Thuya is pre-eminently a strong medicine when you have a trace of animal poisoning in the history, as snake bite, small pox and vaccination.

Boenninghausen actually treated of vaccination as leaving a sycotic taint in the body, but it was a knowledge of the symptoms that led him to think so; we find now, that it is a distinct individuality of its own, we also recognize that peculiar poison which is the cause of sycotic gonorrhoea.

There are probably several varieties of urethral discharges, but there is one that is sycotic, and when that has been suppressed, it has produced a miasm with soreness in the bottoms of the feet and in the knees and particularly through the back and loins and sciatic nerves, in the knees and ankle joints. Sometimes it affects the upper extremities, but particularly the lower. Most violent aggravation when keeping still, like Rhus, great aching that increases so long as he keeps still, he is very often compelled to keep the bed, and then he constantly moves and turns. Now Rhus is of no more value than cold water, and why? Because Rhus does not have the nature of the disease, it will not bring back the discharge and will not control the disease satisfactorily, it will not bring relief in a few hours time.

I have often had the patient say, "Doctor, you surely must *have given me* morphia." It may have been any one of the

anti-sycotics, Iodine, Kali-hydr., Natrum-sulph. or Thuya, but I have always failed with Rhus.

In typhoid fever, you will make your patient comfortable in one hour with the appropriate homœopathic remedy, and yet these miserable fools go about town saying, "We don't let our patients suffer, we give them morphia." They call us the fools: when the truth of the matter is they are the fools because they don't know how to use the high potencies.

Thuya enters into this particular sphere and takes hold of this particular case where sycosis is at the bottom.

Sometimes when the discharge has been suppressed, orchitis comes on and then more than likely, Pulsatilla will be the remedy, and very seldom Thuya.

Thuya affects the left testicle with intense squeezing pain, but most generally you will find Pulsatilla the remedy.

Now as we go on furthur in the study of Thuya, we see that it has a profound action upon the glands, stitching, tearing pains in the glands, the pains are as if the gland was being torn to pieces. That may be true of glands in general, but one particular gland, the ovary, is more affected than any other and especially the left. This is so true, that if you come in contact with a violent pain in the left ovary, coming on at the time of the menstruation and continuing during the flow and particularly down the thighs, but may be in every direction, it increases as the flow comes on, stinging, rending, tearing, burning, bursting pains, as if the parts were being torn out, makes her cry aloud, she goes into a hysterical state. This is a very strong Thuya group. It has the opposite of Zinc and Lachesis, for in these, relief comes with the flow.

Many women suffer from grumbling pains in the ovaries all the time, they have a sense of the organ which they should not feel; pain from taking cold or in change of weather; the increase of the pain in the left ovary, is the first sign; sometimes the pain is so severe that the right one suffers apparently from sympathy. Now where the ovaries have been affected for some time, we get mental symptoms, a most violent irritability, jealousy, quarrelsomeness, ugliness. This irritability is likely to be shown towards individuals about the house, toward the husband and the mother; she is yet able to control herself *among strangers* and the doctor may not be able to find out

anything about it, because she has in her nature a disposition to cheat; she wants to be alone and takes upon herself fixed ideas, that she is pregnant, or that an animal is in her bowels, she feels the motion of a child's arm, thinks she is followed, or that someone is walking beside her, thinks that soul and body are separated.

Now, these are fixed ideas, and there is no use in trying to reason them out of her. It seems to her that she is very delicate, that she is made of glass and that she will break. The idea is that she will break, and not that she is transparent. Associated with this condition, we have violent, intense, tearing headaches, tearing in the eye, ameliorated by heat. The eye-ball pains are better from heat and the rest are better in the cool open air. When you see a thing like that, you have almost a spike driven in by which you can hang it up, it is in your understanding.

Pain localized in small spots. A nail driven in the head, side of head and forehead, like Ignatia and Anacardium. Now these pains are intensified into tearing pains, and affect the eye-ball, making it so sore that it can hardly be touched; worse from heat and worse from lying down; worse in a warm room and better in the open air.

Rheumatic and head symptoms are worse in damp air. They are worse from sour things and also from stimulating and exciting things.

A person who has once proved Thuya, has the effects a life time, unless it is taken in the very high potencies. If you take Thuya one dose, high, it will bring out symptoms in five or six weeks that are peculiar. Now if you repeat that again and again, you will have that which will remain a life time.

Crude drugs do not impress the vital force so lastingly, but an individual who is thoroughly sensitive and properly sensitive, as sensitive as contagion, then if you undertake to prove by giving it night and morning, you will rivet upon him a life long miasm.

If you have given a medicine, wait for the symptoms to come and go in the natural manner. Now, to a great extent, this is the tendency with sycosis, the tendency is rather outward.

We see in the proving of a drug, what we see in disease.

When a gonorrhoea is contracted, it goes through the natural prodromata, and then comes the disease, which if let alone, has in its nature to eradicate itself from the economy, and then the patients do not suffer from lasting things.

In the old school, they always suppress the discharge, and there are those in the new school who do little better.

The frequent repetition by which one is exposed, would not increase the gonorrhoea itself, because the susceptibility is satisfied.

The taking of more of the drug to prove it does not do so much harm, provided the one who is directing the proving realizes when the symptoms begin to rise, and then stops the drug. Now if we go on with the proving by repeating the doses after the symptoms come, we force the drug into the economy when he is already poisoned, and by this means we get a confusion in the symptoms, the drug disease is engrafted upon that individual for life.

Many of the provings of Thuya give us that kind of confusion, so that we see only now and then, symptoms cropping out that are striking, in fact, the great bulk of the Thuya provings has been wasted, because there is so much confusion in the great number of symptoms, while the earlier provings brought out many of the characteristics, the Vienna provings to a great extent, confused the image of Thuya. So that, by clinical experience only, we have been able to draw out the finer features of Thuya. It requires more than a school boy to do that.

The new provings must be carried on in a different manner.

Now Thuya has some striking bowel symptoms; gushing, watery morning diarrhoea, like water coming out of a bung-hole.

There is also a general catarrhal condition running all through the body; catarrh of the nose, ears and chest. In the catarrh of the chest it produces an intense hacking cough, with expectoration in the morning of greenish mucous, sometimes a copious expectoration.

It is often suited to old cases of pneumonia, in such individuals as have suppressed gonorrhoea, fig-wart gonorrhoea.

The kidneys and urinary symptoms are also striking; congestion and inflammation of the kidneys; sharp pain in the kidneys; burning urine; inflammation of the bladder and

urethra that is often not gonorrhoeal; pus from the bladder; paralysis of the bladder, must wait a long time for the urine to start; retention of urine, continuous urging to urinate, tearing in the urethra, feeling as if urine were constantly dribbling down the urethra, like Kali-bich. and Petros.

In the urethral disease of sycotic character, Thuya leads all other remedies. In the non-sycotic variety, Cannabis-sativa is sufficient, but in those cases that have proved to be sycotic, Cann-sat. left uncured, it ameliorated the burning during and after urination and the thick yellowish green discharge, but some other remedy had always to follow, when they were shown to be sycotic. It is not so with Thuya, because it is capable of finishing the case.

In the most violent cases, with bloody urine, extreme salacity, great torment, bloody, watery discharge from the urethra and bladder, no rest day or night, Cantharis comes in, it is capable of finishing the case in from several hours to eight days, and many are dispersed in twenty-four hours. Such a patient must be in excellent health, which is not generally the case. They are drinking men and smokers. Tobacco is one of the most troublesome things you will run across, many cases will not recover promptly if they are tobacco users and great smokers, wine drinkers or convivial men, they run around a good deal and are high livers and with such, you have a job on hand.

With the system so broken down from high living, you may not get a decided curative action, until you have forced him to abandon his way of living. Put him on light diet, diminish his smoking, get rid entirely of the drinking, and put him on a perfectly bland living. This is the first thing. If he is a man of family, we have to contend with great mental distress, and so if a woman. So it may well be said, that usually the sycotic miasm is a troublesome one to begin with and one that will bother the young physician.

You cannot trade off the right method for a wrong one, which will make him a cripple for life.

The suppression of the disease, as usually tried, cannot be thought of by the sincere and earnest Homoeopath.

If he wants it checked suddenly, send him somewhere else, but warn him what will take place, and that he will have untold disease and suffering.

*ROBINIA.

J. T. KENT.

This is a fragmentary proving and does not cover the whole economy. It is only occasionally that we are justified in resorting to these fragmentary provings. These remedies should not be given unless we fail to find the symptoms in the well-proved remedies. When a patient is suffering from a symptom that you see in such provings, do not run to them at once, go to the old, best proved remedies first.

This remedy is useful in malignant diseases of the stomach; inveterate opium-eaters; distressing and prolonged vomiting in pregnancy.

Resort to such remedies only if there are no contra-inidicting symptoms. When the stomach symptoms are singled out, then you may use this remedy.

In malignant growths of the stomach with great hardness, great pain and burning, where everything is vomited; the vomited matter is so sour that it excoriates the mouth and lips, so sour that it turns the teeth on edge. There is copious vomiting of coffee grounds. She vomits after the least food or drink. In carcinoma this will comfort and palliate the patient. This was done in a case that was emaciated to a skeleton.

A patient had been taking morphine for years; he passed over the diarrhoea under Puls.; over the marked vomiting under Cham.; then came a state in which the stomach refused to digest; every mouthful that he took distended him dreadfully; everything became perfectly sour in an hour or two after eating, and came up. This patient went on to perfect health under Robinia and now has no desire for morphine. He had been taking it for years, for neuralgia of the face which came on from a suppressed malaria. He had no more neuralgia after he came out from the morphine, of which he had been taking ten grains per day.

In breaking a patient off from morphine I substitute for it Svapnia—Bigelow's purified opium, and decrease this day by day. I also prescribe a Homœopathic remedy. In two weeks time he is broken entirely off from the morphine. This shows how the Homœopathic remedy will work when the opiate is stopped.

*Notes from a lecture at the Philadelphia Post-Graduate School of Homoeopathics.

Case. A pregnant woman who had been vomiting for many weeks. She was emaciated nearly to a skeleton. There was sour vomiting excoriating the mouth and putting the teeth on edge. Robinia stopped the vomiting at once.

Our remedies are very full on the vomiting of pregnancy.

C. L. O.

LAC CANINUM.

S. F. SHANNON, M. D., DENVER, COLO.

Were one hundred Homœopathic physicians asked the question "What is Lac Caninum good for," probably ninety would give the same answer "for diphtheria."

Now those who have looked up the symptomatology of this remedy will find a very interesting study and will also find that the remedy has a good deal for study and use.

The mental character of the Lac Caninum patient is as follows: He is very absent-minded; very restless; cannot collect his thoughts; is impressed with the idea that all he says is a lie; thinks that he is looked down upon by everybody; that he is of no consequence. Here we have a picture exactly the reverse to that of Platina, in which the patient is haughty, arrogant, proud, looks down upon everybody else and thinks no one is of any consequence but him or her self. Lachesis and Stramonium have also these symptoms of pride and haughtiness and arrogance but they have not this great feeling of contempt for others. Palladium again has the desire to toady to others; great wish to secure the good opinion of others and depend a great deal upon these opinions; wants to be flattered; or she may imagine herself neglected; bad effects of wounded pride.

Lac Caninum has visions of snakes about her; these visions are worse during the day, she is very seldom troubled with them at night and scarcely ever dreams about them; she worries herself lest little pimples which appear during menstruation should become little snakes and coil themselves about her; she cannot bear to be left alone an instant; there is no desire to live; at times she cannot bear the clothes to touch the abdomen (vide Lachesis); during nervous attacks she must keep the fingers separated, cannot bear them to touch each other. This symptom we find also under Secale.

The headaches for which this remedy is useful are: either

frontal or occipital; these are usually better on going into a warm room; sick headache beginning in the nape of the neck and settling in either the right or left side of the forehead. Headaches with severe pains in the lumbar region which pains become better as the headaches become worse, and vice versa.

We find among the throat symptoms a rather peculiar symptom, viz: breathing seems to stop the moment he goes to sleep (respiration being apparently kept up only by voluntary effort); and we find Gelsemium, Chlorum, Grindelia, Lachesis and Opium have this same symptom.

Lac Caninum is the remedy for diphtheria when the following symptoms are present; the patient cannot bear to be left alone an instant; patient has no desire to live; headache which becomes better as the lumbar pains and throat becomes worse; fluids escape through the nose when drinking; nose bleed when swallowing or talking and at 4 p. m; the face is expressive of great suffering and anxiety; the throat and neck are very sensitive to external touch or pressure; there is a pricking sensation in the throat as if it was full of sticks; the throat symptoms are worse from empty swallowing and from cold drinks but somewhat better from swallowing warm drinks; there is a varnished appearance to the diphtheritic patches or they may look white like china; the patch makes it's appearance on either side and rapidly changes from one side to the other; there is swelling of the submaxillary and lymphatic glands; tickling in the throat when drinking; one side of the nose is stopped up the other side being free and discharging thin mucus or thin blood; breathing is hoarse and croupy, patient can only breathe through the mouth; there is constipation with frequent urging; pains in the rectum; the urine is scanty in quantity and there is a large percentage of albumen and mucus; the thick, dirty-gray membrane covers the borders of the epiglottis; the patient is worse after sleeping; there are pains in the head, back and limbs, the skin of the body assumes a dark red color, bordering on purple; the pain in the left side of the throat extends into the left ear in swallowing; the throat feels better after drinking warm fluids; there is nosebleed on swallowing and when talking; the membrane disappears and hemorrhage appears and as the hemorrhage becomes less the throat becomes worse again; thirst for a little at a time and often or for large quantities at

frequent intervals; patient desires a drink of warmish water with a pinch of salt in it or else he craves milk.

From the above symptoms it is apparent that Lac Caninum is suitable for the very worst cases of diphtheria, but on account of the extreme cases to which it is suitable we should be all the more careful in the selection of our remedy.

Now let us look for a few minutes at the remedies that are similar to Lac Caninum in these cases of diphtheria. First *Lachesis* which present the following symptoms: there is very great asthenia from the very start; there is an amount of prostration out of all seeming proportion to the local evidence of the disease. Lachesis has more difficulty in swallowing liquids than solids; liquids when the patient attempts to swallow them escape through the nose; worse after sleep; the membrane commences always on the left side and goes over to the right, here being the reverse of Lycopodium; there is a purple livid color of the inflamed parts with dull, dry appearance and little swelling; there is intense pain for the seemingly small amount of inflammation; the tongue when attempts are made to protrude it trembles or sticks in the teeth when the tongue is protruded and Lachesis is indicated it will turn to the left or affected side; the glands of the neck and the cellular tissues are swollen; there is excessive perspiration and cardiac debility even before the exudation appears; the patient cannot bear warm drinks; patient spits up large quantities of ropy mucus.

Apis mell. has great prostration and debility from the very start; diphtheria which progresses assiduously; small amount of pain accompanying the intense and excessive inflammation; there is more oedema of the throat and uvula when Apis is the remedy; the membrane is of a dirty gray color; cold water relieves the itching and stinging; usually the diphtheritic patches appear first on the arches of the palate over the uvula; the breathing is very hard on account of the oedema, there is absence of thirst or else abhorrance of water; the urine is painful and scanty, voided in drops with intense burning; there is tendency to cardiac failure.

Mercurius cyan. has a dynamic fever from the very start; putrid diphtheria; infiltration of the cellular tissue of the neck and swelling of the salivary glands; great fetor oris; the nasal cavity, mouth, fauces pharynx and larynx are covered by a

dark gray or green leathery exudation and ulceration; profuse epistaxis and incessant salivation; very free perspiration on the least motion; excoriating discharge from the nostrils; aversion to all food; heart is so weak that the least change of position causes fainting.

Carbo veg. is suitable where there is sepsis and decomposition of the blood; hemorrhages of a low type; dark, rather fluid blood flows persistently for hours or even days.

Crotalus has persistent hemorrhages; blood oozes from the nose and mouth not merely from the posterior nares but escapes from the mucous membrane of the nasal cavity; fauces much swollen and dark red; frightful headaches; vomiting and diarrhoea; excessive prostration, can hardly raise himself up in bed; gangrene of the fauces and tonsils. *Nitric acid* has nasal diphtheria, discharge from the nose is watery and very offensive, excoriating every part that it touches; white deposits in the nares; ulcers in the mouth with stinging in them as if from splinters; difficult and painful deglutition; excessive salivation; the fauces and glands are swollen; fetor oris; chilliness but yet aversion to heat; nose bleed; distress and uneasiness in the stomach with rejection of all food; great uneasiness; excessive prostration; deep-seated local affection; intermittent pulse.

Merc. jod. rub., presents the following symptoms: swallowing is painful both of solids and fluids; the patches are mostly on the left tonsil; the velum is elongated; must hawk and swallow from the accumulation of saliva or mucus or from a feeling as of a lump in the throat; livid patches; exudation is limited, transparent, easily detached; discharge is thin and offensive; glands are enlarged; wants his food well salted; drinks but little.

Phytolacca has creeping chills and backache in the beginning; throat feels as if it were a large empty cavern; feeling as if a hot ball was lodged in the fauces or there is a sensation as after swallowing choke pears; pains in the head, back and limbs are worse from the least touch on the neck; pains shoot into the ears on swallowing; great prostration and restlessness; livid exudation on the tonsils and fauces; tonsils, soft palate and fauces are greatly inflamed and swollen, sore and sensitive; worse on taking warm fluids; breath offensive;

cannot stand, on rising up in bed becomes faint and dizzy; there is high fever and albuminuria.

Kalimurs. has numerous grey patches in the mouth and throat; excessive secretion of tough, stringy mucus; salivation; existaxis; ravenous hunger; total anorexia; dryness and pain in the throat; difficult swallowing; excessive micturition; hematuria; albuminuria; hoarse voice; incessant cough; difficult respiration; chest pressed together; watery froth exuding from the mouth.

Under *Kali phos.* we find a marked putrid, gangrenous condition; fearful stench from the mouth; malignant diphtheria.

Lac caninum has also symptoms of the epigastrium worthy of some attention; there is a gnawing, hungry feeling not relieved by eating, everything she eats except fish makes her sick; the very thought of taking milk makes her sick. The nearest analogue for this gnawing, hungry feeling we find are Anacardium, Lachesis and Petroleum.

We find too under Lac caninum burning in the epigastric region; weight and pressure as from a stone in the stomach; very thirsty; cannot eat or drink anything after diphtheria without having pains in the stomach.

For ovarian pains we should use Lac caninum especially when they occur in the right ovary there is heat in the uterine and ovarian region with the menses; inflammatory and congestive condition of the ovaries before the menses; sharp pain in the right ovarian region relieved by flow of bright red blood (Lachesis has pain in the left ovarian region relieved by the flow of the menses but returning as soon as they cease).

Lac caninum may be used for ovarialgia when there is constant burning pain in the left ovarian region extending from the left leg even to the foot.

Escape of flatus from the vagina we find under *Bromium, Lac caninum, Lycopodium, Nux Moschata and Tarentula.*

Lac canium is recommended for almost all cases where it is desired to dry up the milk.

Expectoration of thick, profuse, tough mucus in masses may call for either Lac caninum or Kali bi, but the former has white color and the latter has yellow color of the mucus.

The nervous attacks calling for Lac caninum are as follows: suffering from very unpleasant nervous symptoms; not low

spirited but weak and nerves are so thoroughly unstrung that she cannot bear one finger to touch the other; often feels as if she would lose the use of her limbs; sensation as if the throat was closing, this sensation is between the throat and nose; feels as if something in the throat was enlarged or relaxed; has a desire to keep the mouth open; talking is difficult; there is a disposition to talk through the nose; sometimes cannot swallow as there seems to be a sort of muscular contraction in the throat; sleep is restless, frequently awakens with a sick headache, which appears to begin at the nape of the neck; afraid she will be unable to perform her duties.

The aggravation of the Lac caninum diphtheria is in the morning of one day and in the evening of the next day.

A rather peculiar symptom found under Lac caninum is that she feels when walking as if she was walking on air; when lying she feels as if she did not touch the bed (similar symptoms are to be found under *Asarum*, *China*, *Coffea*, *Natrum mur*, *Nux vomica*, *Opium*, *Rhus tox*, *Spigelia*, *Stramonium* and *Thuja*.

THE MOST EFFICIENT REMEDIES IN ASTHMA.

PROF. WM. E. LEONARD, M. D., MINNEAPOLIS, MINN.

This puzzling affection, as every practitioner knows, is more often palliated than cured.

One who attempts to keep posted on the recent pathology of the disease is confronted at the outset with some fifteen varieties of the complaint.

Without endeavoring to specify these or debate their probability, in preparing this brief paper I have simply delved into our clinical literature and brought to the surface those remedies that we are apt to forget, classifying them in a somewhat arbitrary way, with the purpose of bringing them to the notice of the Southern Association as tools allowed to become somewhat rusty.

In the brief from which this paper is prepared, I have noted all the authorities, but shall not confuse you with their names. Suffice it to say that in the main they are old German, with here *and there* recent American and English observers, and all of *them as reliable as any* in our literature. These remedies might

be termed the essential, because they are the only ones credited with cures in ten volumes consulted.

The numerals after each remedy indicate the number of authorities or cures recorded.

I. Asthma Millari.

Cuprum met. (2).

Hydrocyanic acid. (3).

Asthma involving minute bronchial tubes, with puffy face and feeble heart action.

Ipecac. (1).

Asthma with tickling in larynx, retching and vomiting.

Opium. (1)

Sambucus. (9).

II. Spasmodic Asthma (nervosum).

Cuprum met. (2).

Asthma after fright; dyspnœa in spasmodic fits, almost suffocating, sudden violent attacks particularly worse by long continued walking against the wind.

Kali carb. (2).

Terrible attacks, aggravation at three in the morning.

Lachesis. (2).

Asthma worse from covering mouth and nose, touching throat, moving arms, on awaking, after eating or talking; better sitting bent forward.

Lobelia inflata. (5).

Asthma paroxysmal, worse from exertion, with feeling of weakness in pit of stomach, pain in chest, lump in throat pit, etc.; sudden and most urgent oppression, pants and endeavors to cough, but is unable to and is threatened with suffocation every moment.

Mephitis. (1).

Moschus. (2).

Suffocative fits as from vapors of sulphur, in hysterican women and children.

Nux Vomica. (10).

Extreme cases of spasmodic Asthma.

Oleum animale. (1).

Chronic forms.

Senega. (2).

Asthma when sensation as if chest were too narrow, with attempted relief by deep inspirations.

Sepia. (1).

Silicea. (2).

Asthma attacks only during a thunder storm.

Spongia tosta. (4, American).

Asthma, he wakes up choking when falling asleep; with organic heart disease.

Digitalis. (2).

Asthma dependent upon heart disease.

Stramonium. (7).

Sulphur. (3).

Asthma returning with regular periodicity; following swelling of hemorrhoids, nightly attacks; alternating with fits of gout or attacks of psoriasis; from suppressed eruptions, or chronic discharges, periodical, in sleep.

Tabacum. (2).

Zincum. (1).

III. Catarrhal (bronchial) Asthma.

Coccus cacti. (1).

Asthma complicated with affection of the kidneys and turbid urine.

Hypericum. (1).

Asthma attacks with changes of the weather from clear to damp, or before storms; cannot lie for any length of time upon the back; relieved by copious expectoration; after lesion of the spinal cord by a fall, years before.

Iodum. (2).

Ipecac. (9).

Violent constriction of throat and chest, peculiar panting sound; gasps for air at open window; face pale, scarcely perceptible pulse; worse from least motion; threatened suffocation; with bronchial catarrh, in hysterical subjects; cyanosis, shiver ing during attack, cold sweat, nausea and vomiting.

Natrum sulph. (2, American).

Asthma attacks with greenish, copious expectoration, worse in every change to damp weather.

Phosphorus. (3).

Asthma due to increased irritability of respiratory organs, as after inflammation, etc.

Podoph. (1).

Bronchial Asthma after catching cold.

Pulsatilla. (5).

Asthma of children after suppressed rash; with suppressed menses; in evening, especially after a meal, etc.

Rumex. (1).

Asthma of consumptives, worse at two in the morning.

Veratrum album. (3).

Asthma; chronic cases, in damp, cold weather; cold sweat on the upper parts of the body.

Zinziber. (1).

Asthma; scratching, burning and smarting in throat excites cough.

IV. Unclassified, except as to causes.

Cinchona off. (1).

Asthma after frequent venesection.

Conium maculatium. (1).

Asthma, senile; attacks come on in wet weather, with tickling cough.

Natrum arsenicatum. (1).

Miner's Asthma, (from coal dust).

Psorinum. (1).

Squilla. (1).

Stannum. (3).

Thuya. (2).

Asthma after vaccination and sycotic constitutions.

ARE YOU DOING THIS?

A. F. RANDALL, PORT HURON, MICH.

DR. S.—Good morning, Dr. Lowe. Busy, I see.

DR. LOWE—Yes, fairly so.

DR. S.—You have found Bry. very frequently indicated during the last five years, I suppose.

DR. L.—Yes, indeed. The principal remedy for typhoid and malarial fevers. la grippe, iritis and even carbuncles, diarrhoea, etc.

DR. S.—You make your own dilutions, I suppose.

DR. L.—Yes, and I have filled up that Bryonia bottle once a day on an average for the last five years, I believe.

Dr. S.—By the way, doctor, your patients tell me that you boast of never "fooling with any high-dilution nonsense."

Dr. L.—Well, the truth is, I never in my life prescribed a high dilution. The whole thing looks so absurd and unreasonable that I could never have the courage to endanger the lives of my patients by any such experiments, and so with Bry. for instance, I have stuck to the 3x. My bottle holds 10,000 drops. I use it down to say ten drops, then I add ten of the Tr. and fill with alcohol and shake it vigorously until I have made a good Hahnemannian dilution.

Dr. S.—Let us see: Filling it once a day for five years, or 1,800 times you have

1st day, 3x.

2d day, 3x, 6x.

3d day, 3x, 6x, 9x.

4th day, 3x, 6x, 9x, 12x.

5th day, 3x, 6x, 9x, 12x, 15x.

6th day, 3x, 6x, 9x, 12x, 15x, 18x.

7th day, 3x, 6x, 9x, 12x, 15x, 18x, 21x.

8th day, 3x, 6x, 9x, 12x, 15x, 18x, 21x, 24x.

9th day, 3x, 6x, 9x, 12x, 15x, 18x, 21x, 24x, 27x.

10th day, 3x, 6x, 9x, 12x, 15x, 18x, 21x, 24x, 27x, 30x.

11th day, 3x, 6x, 9x, 12x, 15x, 18x, 21x, 24x, 27x, 30x, 33x.

12th day, 3x, 6x, 9x, 12x, 15x, 18x, 21x, 24x, 27x, 30x, 33x, 36x.

13th day, 3x, 6x, 9x, 12x, 15x, 18x, 21x, 24x, 27x, 30x, 33x, 36x, 39x.

14th day ———

Dr. L.—Hold on! You will drive me crazy with your figures. You are figuring out I give the highest kind of dilutions.

Dr. S.—I want to show you what a pretty man you are to be declaiming against what you do not understand and at the same time firing 1,800 dilutions into your patients at once.

THE BRAIN. IT'S GREATER FUNCTION.

WM. JEFFERSON GUERNSEY, M. D.

Before the brain obtains its normal standard of activity and after age has dimmed its capabilities, we are, in point of use-

fulness, but little above the brute, which does at least possess that shadow of thought called instinct.

'Tis the mental capacity which measures our value to society and it is by the quality of its action that our deeds are weighed.

By its aid we achieve the greatest of attainments and through its mischievious cunning the vilest criminal pursues his course.

It's capabilities of development for good and bad, are immeasurable, and the *variety* of its performances is unlimited.

Is there, however, any *one* line of action of greater importance than all others, and upon which they must depend?

At the risk of contradiction I will assert that it is *memory*.

By it is meditation upon, and devotion to, the Divine Creator possible; through it we recall the sufferings of our fellow-beings and the antidotal schemes of philanthropy; with it scientific researches, and even the humblest deeds of our daily life are accomplished.

As Homœopathicians the abnormalities of brain action present our most important remedial indications, and while too much neglected are really unfailing as "guiding symptoms." Indeed a medicine that has not the pathognomonic conditions will often cure when mental abberations call for its administration.

Recognizing this fact and coupling it with the above assertion, it may not be lost time to briefly review the medicines which are most strongly Homœopathic to impairment of the memory.

Of these ANACARDIUM heads the list, and when not contra-indicated will surely benefit the trouble. The patient is much *worried about* his forgetfulness, and besides a general hypochondraeial disposition may be inclined to profanity on the slightest provocation.

BARYTA CARB. suits the dwarfish person who is physically as well as mentally weak. Subject to throat troubles. And for a child who cannot be taught because it fails to remember.

GLONOINE. For one who forgets well known streets and loses his way. Particularly if he has at any time been overcome by the sun. The patient is uncommunicative.

HYOSCYAMUS. Is also averse to being questioned, yet talks much in a rambling way. Dreads being poisoned or betrayed. Does foolish things; and it is especially of use when the trouble is the result of unrequited love or jealousy.

LACHESIS. Is a talkative remedy and changes rapidly in thought from one subject to another. Makes mistakes in writing because of default of memory. Useful at climacteric period or for old whiskey drinkers.

LYCOPODIUM. Makes mistakes in writing, as to letters, syllables, words or even the sense. Is sensitive, irritable and dyspeptic.

MEDORRHINUM. From suppressed gonorrhoea.

NATRUM MURIATICUM. Makes mistakes in talking through forgetfulness and is rendered awkward by it. Despondent, and weeps from consolation. Especially worse after cauterizing with nitrate of silver.

NUX MOSCHATA. Is hysterical, of course; and the memory fails in holding the *thought* while reading, writing or speaking.

PHOSPHORUS. Has difficulty in arranging his thoughts. Is indifferent. Tall, lean, narrow chested, and may be hœmorrhagic diathesis.

PHOSPHORIC ACID. Has also indifference, but is chiefly to be thought of for cases dependent upon sexual excesses.

MEMORY WEAK. Absinth., Acon., Agnus., Alum., Ambr. gris., ANAC. Angust., Apis, Arg. nit., Arn., Arsen., Asclep. Nib., Aur., Bapt., Bary. ac., *Bary.cb.*, Bellad., Berb., Borax, Bovist., Bryon., Calc. cb., calc. ph., Calad., can. ind., Canth., Carb. an., Carb. vg., Carlsbad, Caust., Chel., China, Clem., Cocc., Colch., Con., Cotyl., Crocus, Crotal, Cycla., Dig., Dulc., Euphras., Flu. ac., *Glon.*, Graph., Guaiac., Ham., Hell., Hep., Hydras., Hyos., Hyper., Igna., Kali-bro., Kali cb., Kalm., Kreso., *Lach.*, Laur., *Lyc.*, Mancin., Melilo., Merc. cor., Merc. v., Mezer., Murex, Naja, Na. ars., *Na. mur.*, Nit. ac., Nux. vom., Oleand., Opi., Osmium, Petrol., *Phos.*, *Phos. ac.*, Plumb., Podo., Psor., Ptel., Pul., Rhodo., Rhus., Sabina, Selen., Sepia., Sil., Spig., Staph., Stram., Sul., Tellur., Thu., Verat., Verbas., Viol. od., Zinc.

—— —— BUSINESS, for Chel., Flu. ac., Hyos., K. c., Kreos., Mancin., Phos., Sabina, Selen., Sul., Tellur.

—— —— DATES, for Flu. ac.

—— —— FINISH OCCUPATION, to Chel.

—— —— HAPPENED, of what has Absinth., Graph., Na. mur., Rhus., Sul.

—— —— HEARD, of what is Hyos., Lach., Mez.
—— —— LETTERS, of Hyper., Lyc.
—— —— NAMES, of Crocus, *Guaj.*, *Lyc.*, Oleand Puls., Rhus., *Sul.*
—— —— PERIODIC, Carb. veg.
—— —— PERSON talked to Cot.
—— —— READ, of what is, Suaj., Hell., Hyos., Lyc Nux. mos. Phos. ac., Podo., Staph.
—— —— ROOM, of his own Psorn.
—— —— SPEAKING, on Arn., Bapt., Bary. c., Nux mos., Stram.
—— —— SPOKEN, of that just Arn., Bary, c., Carb an., Colch., Hell., Hep., Hyos. merc. Mag., Rhod., Sul., Verat.
—— —— STREETS, of well known *Glon.*
—— —— SUDDEN, Carb. vg., Mancin.
—— —— SYLLABLES, of Dulc., Kali brom., Lyc., Osm
—— —— THINGS, for Lyc., Rhus.
—— —— THOUGHT, for Anac., Apis., Asclep. rub., Cocc., Colch., Dig., Hyos., Kreos., Lach Lyc., Merc., Na. ars., *Na. mur.*, *Nux mos.* *Phos. ac.*, Sep., Staph.
—— —— WORDS, for *Arn.*, *Bapt.*, Bary. c., *Can. ind.* Ham., *Kali. brom.*, *Lach.*, Lyc., Podo.
—— —— WRITING, on Crocus, Hyper., *Lach.*, Lyc. Nux mos., Rhod.

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*THE WATERING-PLACES OF THE PYRENEES.

BY DR. LAMBREGHT'S FILS.

From a medical point of view, the Pyrenees are very remarkable for the abundance and richness of their thermal Sulphur Springs. During the past few years bathing stations have increased to incredible numbers. Wherever a thermal Spring comes to the light of day, there rise up as if by enchantment superb towns, plentifully supplied with model hydrotherapeutic establishments, whither invalids rush in crowds animated by the hope of a speedy restoration to health.

This extensive imigration of invalids to watering places con-

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stitutes an important phenomenon in the evolution of modern medicine; for it demonstrates that the innumerable drugs of which the official therapeutic arsenal is composed, are powerless to cure the greater part of the chronic diseases which afflict humanity.

The sick man, after having in vain exhausted all the resources of pharmacy, hopes to find in the water cure a means of health, of which he avails himself with eagerness.

The physician on the other hand is not sorry to honorably dismiss a client, to whom he is not able to afford relief.

In going to a watering place, but very few of the patients have the least suspicion that they are about to submit themselves to a genuine homoeopathic treatment; and yet this is easily demonstrated, especially as regards the sulphurous medication, which is used at the various bathing stations of the Pyrenees.

If one studies the physiological action of the hot sulphur waters, and on the other hand, considers the therapeutic indications formulated by the hydropathists he will be readily convinced that the sulphurous medication rests entirely upon the law of similars.

The thermal sulphur waters have a well marked irritative and congestive effect. Experience has demonstrated, that they excite aggravations of rheumatism and gout, of various eruptions of the skin, bronchial irritations, and pulmonary congestions with hemoptisis; now it is precisely for these affections that they are daily employed.

Moreover, the quantity of sulphur which penetrates the organisms in consequence of the different applications employed (baths, drinking the water, douches, gargles, inhalations) is excessively minute and even infinitesmal. So true is this, that many hydropathists have denied the curative action of mineral waters in general, and have attributed the beneficial effects to the influence of the baths, climate, etc.

But the record of cures have been so numerous and so well established and experience has been so decisive and so conclusive, that physicians who reject with disdain the homoeopathic dose, do not hesitate to attribute to mineral waters an important therapeutic virtue. It is a fact which goes far to corroborate the homoeopathicity of the hot sulphurous medi-

cation, that those waters which are most heavily charged with mineral principles are not the ones which possess the most efficacious curative properties, on the contrary, experience shows that the waters too rich in sulphur, often produce disturbing effects, such as the Homœopaths call medicinal aggravation.

For the Homœopathic physician the water cure is but the continuation and complement of the medication which he has started at the home of his patient, and this medication will be all the more efficacious, because powerfully aided by the special hygenic and climatic conditions which are found at the various balneary establishments.

The choice of a watering place, appropriate to the temperament and disease of the patient is of extreme importance. The ability to make such a choice, requires a profound study of mineral waters and a long experienee. The problem often presents great difficulties for mineral springs in general, and notably those of the Pyrenees, are very numerous, and differ greatly both in the constituents of the waters, and in their climatic conditions. Moreover, even at the same place there may be a considerable number of springs, each one presenting different characters according to the degree of sulphuration and to the various mineral principles which they contain.

In general the Pyrenean springs contain sulphur under the form of sodium sulphate; they also contain salts of lime and some silicates; a few iron and arsenic.

In this memoir, I will limit myself to presenting some practical observations upon the principal balneary stations of the Pyrenees, such as those of Luchon Bigorre, Canterete, les Eaux-Bonnes. In order to render these observations more complete and useful I have interviewed at several stations the leading resident physicians, all of whom gladly communicated to me the results of their personal experience.

LUCHON.

According to Dr. Azemar, ex-inspector of the mineral waters of Luchon, a course at Luchon should extend to a period of twenty-five days. Those patients who spend only eight to fifteen days there can not expect to obtain very marked effects.

The affection which is treated there with the greatest success

is rheumatism, both articular and muscular. The rheumatism should be chronique and not complicated with gout. Acute rheumatism is not helped by the waters of Luchon, hence a sufficiently long period should be allowed to elapse after the acute attack, for sulphurious waters are liable to excite acute attacks of both rheumatism and gout. The rheumatic who has taken a regular course at Luchon is ordinarily protected from the disease for a year following; still for a complete and radical cure it is necessary that he should return for two or three consecutive years.

The Luchon waters show themselves to be equally efficacious in syphilis especially in the secondary and tertiary stages. They stimulate all the secretions to activity and thus facilitate the elimination of the poison.

This property of increasing the secretion enables the syphilitic, during the water treatment, to stand considerable doses of mercury without showing signs of poisoning such as salivation, gingivitis, etc., it also adapts the water to the cure of patients poisoned with mercury or other metals. The elimination of mercury through the skin, under the influence of sulphurous waters is incontestible.

In the case of lead a direct demonstration of its elimination can be shown. The patient suffering from saturnine poisoning will see, after a bath a slight darkish film of sulphide of lead develop upon the whole cutaneous surface.

The waters of Luchon also serve the syphilitic as a test, with patients not really cured, they bring out the characteristic macules of the malady. The non-appearance of these spots make a strong presumption, if not the certainty of a radical cure.

Chronic bronchitis is one of the affections in which the Luchon waters give the most brilliant results. The same is true of chronic rhinitis, ozœne, granular pharyngitis and pharyngeal deafness.

In all these affections the waters are administered in draughts, either pure or mixed with hot milk, one-quarter to one-half a glass daily, in gargles and in inhalations which are called by the name *humage*.

Humage is a specialty of Luchon. The waters give off a certain quantity of sulphuretted hydrogen; they are placed in a

small reservoir, from which the patient inhales through an apparatus furnished with a stop-cock, with which the quantity of gas inhaled is regulated.

In connection with this subject of *humage* it has recently started a debate between the doctors of Luchon and those of Canterets; the latter pretend that the inhalation of atomized Canterets water produce equally good results. Luchon waters are not advised in pulmonary tuberculosis, they excite hemoptisis and aggravate the symptoms, especially of irritable and nervous consumptives.

The treatment of pulmonary tuberculosis constitutes the specialty of Ecuix Bonner. Among skin diseases eczema, acne and psoriasis are susceptible of improvement or of cure under the influence of the waters of Luchon. For obstinate eczemas the treatment should be renewed for several consecutive years.

These waters are also indicated in various manifestations of scropulosis. Such patients support without inconvenience the strongest sulphur water. Pruitus of the vulva is a symptom for which they have proved useful.

There exists at Luchon some hot ferruginous springs, which are used with advantage in chlorisis and anœmia.

The number of sulphur springs is considerable; the quantity of sulphate of sodium varies from 0.01 gr. to 0.07 gr., the temperature from 17° to 68° C. The waters are limpid, colorless, and give off sulphuretted hydrogen in contact with the air. They decompose in the bath tubs and water pipes forming a milk white precipitate of sulphur. Luchon is situated in a magnificent valley and is protected from the north and west winds by high mountains. The climate is sufficiently mild.

DOES VACCINATION PROTECT?

A child in Saxony one year old was vaccinated at the end of May, 1894, and according to the certificate given a week later, successfully. Shortly after the child, which up to that time had been perfectly well, grew seriously ill and in the last week of September genuine smallpox in the worst form broke out as the father and neighbors testified who had observed the smallpox epidemic in their midst in 1870. On drawing the attention of the attending physician to it he did not contradict them. The child died Sept. 30th, under protracted and terrible suffer-

ings. Also the mother and three children of the same family of various ages up to 16 years, vaccinated and partly re-vaccinated, showed genuine smallpox pustules which gradually healed up. Though the father announced smallpox as the cause of death and the children were excused in the school as smallpox patients, no protective measures at all were taken by the doctors. They would have admitted thereby that *compulsory vaccination was not a protection from smallpox.* Nay, it would prove that it produces smallpox without an epidemic and predisposes to it. The press also is silent and reports only cases favorable to the dogma of vaccination.—*Homœop. Monatsblatter.*

INDIAN EXPERIENCES OF FEVER CASES.

DR. C. S. KALI, L. M. S., CALCUTTA.

CASE III. Rhus-tox 3^x.

Babu. * * * Lahire, delicate in health, aged about 18 years, student, had an attack of Remittent Fever since five days. During and a few days *previous to these days the atmosphere was very bad; it was raining with high irregular winds all day and night.* I saw the case on the 12th of July last. In the first sight I noticed that *his eyes were red, lips cracked and dried as almost parched, blood was exuded and dried up in them, thirst was moderate. Pain complained of in the lower limbs.* For a day or two in the beginning of fever *had pain all over the body.* On account of a sort of *burning pain the body could not bear clothes.* Appetite was dull. The eyes were red but "no photophobia" as expressed by the patient himself. At the time of talking and throwing breath then I felt a very *disgusting bad smell from the mouth of the patient.* The fever used to aggravate in the afternoon. *During excess of heat bowels were moved several times* in the form of diarrhoea; although the loose stool was not altogether absent at the time of remission. One day *during sleep he passed stool in his clothes unconsciously.* In the beginning of the fever there was vomiting only once or twice and no more. *Tip of the tongue was red in the shape of a triangle.* Patient was not a very restless one. Rhus-tox 3d was given every three hours; which acted as a charm from the second dose the patient began to feel evident improvement and

within four days he was quite free from fever, and there was one formed stool on the 5th day.

Remarks—(1). In India these sorts of cases generally are sure to run into typhoid states if not checked in suitable time by proper medicine, or if mismanaged by the use of purgatives as done by many of our allopathic brethren under the notice that the diarrhoea has been cured by some accumulated forces.

(2). In lead fever and other serious diseases *lips being dry, parched, cracked and exuding blood* are sure to indicate a malignant and low type of them. In the advanced stage, tongue also shows the same character, but in this case the malignant character was checked by Rhus-tox, no doubt.

(3). The above italics were my guide to select Rhus-tox.

(4). Soup of *Masooni* was the chief diet in this case. Masooni is a sort of red pea; its botannical name is *Cicerbus* or *Viceabus*. It is a very good supporting diet highly recommended by Charck, Susrata and other authorities from time immemorial. It is at the same time very light diet; therefore it was to be used formerly in fever cases, especially when they were complicated with diarrhoea and flatulence, and where broth of flesh and other diets did not agree. About this blessed substance, Masooni, I intend to write more in one of my next.

WASHINGTON.—State medical examining board of nine members, appointed by the governor. A written application must be made to this board for license to practice; accompanying the application with an affidavit stating time spent in study of medicine—when and where and in what institutions, time spent in actual practice, location, etc. He then submits to an examination in the regular medical branches, "and such other branches as the board shall deem advisable." If satisfactory, a license shall be issued to applicant, for which he pays $10. License must be filed in the office of the clerk of the county in which applicant resides.

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... and Laryngology.

... PAYNE, M. D., EDITOR.
... St., Boston, Mass.

... verifications of Eye, Ear and
... address.

... EYE SYMPTOM, WITH CASES.

INDI... ... always a marked catarrhal ten-
... much sick, he was easily susceptibi-
... results therefrom. The principal
... were great itching and burning in
CASE III. ... ...ssing the feet at night, offensive
Babu. ... ...ending great attention to cleanli-
years, stud... ... Cracking in joints of hands,
days. Du... ... by spells, and occasional rheu-
phere was ... Ears have frequently a sense
day and n ... condition of the Eustachian
the first s... ...what dulled in acuteness, al-
dried as ak ... was easily heard. Cracking
thirst was ... *Momentary fluttering sensation in*
For a day ... *...ning of a bird's wing.* Much
the body. ... and feet. Disposition to fetid,
not bear ... *Air passes out, and sometimes*
"no phot ... *...s on blowing the nose.* The last
time of t... ...ed attention to *Natrum mur.*, and
bad sme ... constitutional picture, made its choice
aggrava ... was the blenorrhoea of the lachry-
moved ... cured, but the boy's health is now
loose str... ...basis.
One da... ... years, had always been well, during a
In the ... I saw him two years ago, and examined
twice-a... ...ing incipient cataracts, more developed
a trian ... was still able to go about alone, but unable
was giv... ...suffering from inter-costal neuralgia, fol-
second... ...of an attack of herpes zosta, from allo-

pathic appliances; the neuralgia was ameliorated by lying down; better from firm, uniform pressure: better from lying on the right (painful) side; worse from light touch; worse from motion; worse in morning; worse lying on the left side. Had an old blenorrhoea *of the left lachrymal sac, from which, on blowing the nose, bubbles of mucus issued, leaving a distended sac, with sensitiveness on pressure with the finger. Natrum mur.*, promptly cured the intercostal neuralgia and the blenorrhoea of the lachrymal sac. Ths opacities in the lenses still remain, but have not advanced, as ophthalmoscopic inspection proves, and he sees as well today as he did two years ago.

Mr. M., aged 48, reported to me with a severe cold, that principally caused an attack of bronchitis and influenza. This coryza alternated with stopping of the nose; spells of sneezing particularly in the morning; secretion from the nose was clear and cohesive, like the uncooked white of the egg. Lachrymation constant, from temporary obstruction in the lachrymal ducts. On coughing, water streamed from the eyes; cough was worse when lying down in the evening and from a deep inspiration; hurts head on coughing, causing a bursting pain; urine spurts on coughing; coryza makes him irritable. *On blowing the nose had an escape of air from the lachrymal ducts, so loud as to be noticeable to an observer.* These symptoms are all under the proving of *Natrum mur.* Attention was first called to a consideration of this remedy by the symptom of *escape of air from the lachrymal sac, on blowing the nose.* On studying the remedy the perfect picture was represented in its proving. I want to emphasize the fact of the genuineness of the symptom pertaining to the *issuing of air from the lachrymal sac, on blowing the nose.* This peculiar symptom was quickly dissipated, and the cure was promptly effected, in these three cases, by *Natrum mur.*,[cc]. This symptom, under the proving, does not appear in Hering's Guiding Symptoms, or Condensed Materia Medica, but it is to be found under the heading of *nose* in Hahnemann's Chronic Diseases, and under the *eyes* in Yahr's New Manual, by Hempel. It is without doubt, a genuine and valuable symptom, and may, with positiveness, be indicated as such in all provings of *Natrum muriaticum* in one's Materia Medica. In prescribing for a case, whether of the eye, ear, chest, or any other part of the body, it not only requires

a knowledge, so as to correctly interpret the *exact* sensations, and an ability in eliciting a totality of the symptoms but it also requires a thorough knowledge of the proving of the remedy. The point I wish to make, however, is that if one recognizes a peculiar symptom, such as the one that was prominently present in the three reported cases, it often proves a great aid, as a starter, in the search for totality of symptoms in our Materia Medica, and often, not only makes the task easier for the prescriber, but also assures a prompt relief to our patients. As illustrated by these cases, no matter what *name* is applied to the disease, the important thing is to select the *exact* remedy, in accordance with the symptoms present in each individual case. These three cases, of widely different nomenclature were all cured by the same remedy, thus simply illustrating again the importance of applying *Similia Similibus Curantur* in every case, irrespective of name or classification.

Mrs. A———, aged 47.

1. Dark mental bilious temperament.
2. Strained feeling in eyes.
3. Undefined left frontal going from left to right *aggravated by heat of the fire.*
4. Hoarseness.
5. Cough with loose expectoration which she is unable to expectorate but slips back again.

Jan. 3. ℞ Arnica 1^{m}, dry on the tongue, stopped the headache in twenty-four hours, after it had lasted two weeks, the cough has since then steadily lessened.

West Virginia.—The state board of health consists of two members from each congressional district, appointed by the governor, and hold office for four years. The board grants certificates to: 1. Persons holding diplomas from and graduates of a reputable medical college, regardless of school on verification of said diploma. 2. Continuous practice for ten years prior to approval of this act. 3. To those able to pass the examination. The certificate must be recorded in office of secretary of state board.

Notes from Clinic of Philadelphia Post Graduate School of Homœopathics.

This is an eminently practical institution, designed exclusively for graduates in Medicine and all of its work is directed to a more perfect comprehension of the law of *Similia Similibus Curantur* than can be obtained in any undergraduate college. The work in this department alone will be of greater value to the homoeopathic physician than the price of this journal.

SERVICE OF C. L. OLDS, M. D., H. M.

Mrs. Jas. K———. Aged 57.

1893.

Nov. 21.

Irish descent. Housework.

Tall, thin, stoop shouldered, wrinkled.

Four months previous had a carbuncle (so diagnosed by an Old School physician) between the shoulder blades. Carbuncle had been cut, slashed and packed in the most approved fashion.

Ulcer at the former seat of carbuncle—size of half dollar.

Discharging a thin, bloody, offensive pus.

Edges hard, livid hue, no granulations.

Weak—no strength to do anything.

No appetite.

Constipated. Great difficulty in passing a stool.

Offensive foot sweat for years. Sweat seems acrid as toes are always sore and feet tender.

Silica ^{200}. (B and T.)

Nov. 28.

Feels better generally.

S. L.

Ulcer seems to be healing nicely.

Dec. 5.

Better in every way.

Ulcer has scabbed over.

Feels much stronger.

Dec. 17.

Nothing is left at the former seat of the ulcer except a cicatrix.

S. S.

This was the last seen of the case.

Hahnemann after reviewing the physic of his time and showing its fallacies, says in his Organon, Paragraph 2:

"The perfection of a cure consists in restoring health in a prompt, mild and permanent manner; in removing and annihilating disease by the shortest, safest and most certain means upon principles that are at once plain and intelligible."

The above case illustrates the result both of traditional medicine and of Hahnemann's method as stated in the above paragraph.

In the first instance, that of the carbuncle being cut, slashed and packed, did the Doctor comply with the conditions of this paragraph in even the least particular? As a result of the knife was there restoration to health? Even though the pains may have been slightly assuaged for a time by the use of the knife, was the patient restored to health in "a prompt, mild and permanent manner?" Was the disease annihilated by "the shortest, safest and most certain means?" Even though the carbuncle had been cut entirely out, would it have been safe, mild or permanent? Did he act upon principles that were at once plain and intelligible? The history and result show plainly that not one of these injunctions was followed. All were ignored. Only the fantasies arising from a mind filled with theory and falsity were followed, and the result is evident.

Those who practice according to Old School methods act upon no principles that are plain and intelligible. They demand a constant change; the theory of yesterday is the fad of today, and will be but a reminiscence tomorrow. They know no fixed principles and believe that no one else does. Everything is in confusion, nothing in order. Momentary palliation or suppression of symptoms is the result of their methods, and cure appears but as a vague mist before their eyes. Their thought is entirely within the realm of results—their so-called causes are nothing but the results of disease. They see only with the eyes, not with the understanding. The ultimates of nature are, to them the firsts. They cut out, burn out and

scrape out the results of disease, believing them to be the disease itself. Their understanding is closed as to the true nature of disease.

In the second instance, that of the cure by Silicia, all of the conditions of the above paragraph are fulfilled. That the cure was "prompt, mild and permanent," there can be no doubt; and that this the "shortest, safest and most certain means" is quite evident, for everyone, doubtless, will admit that the healing of an ulcer, such as described above, in the space of three weeks, is prompt.

That it is the safest and most certain means is because it is according to law, the selection of the remedy being in accordance with the symptoms, directed toward the diseased vital force, not toward the diseased organs.

The principles of Homœopathy in accordance with which alone such cures can be made are plain and intelligible. They who so desire can learn them by a careful study of the writings of Hahnemann.

SERVICE OF DR. L. STOKES.

Mrs. M. F.——— 33 years. ———st.

1895.

Jan. 7.

Fell and struck right knee on curbstone, three weeks ago.

When washing next day felt sharp pain like a knife piercing through knee.

Managed to keep about for awhile; then knee became so swollen, stiff and sore that she had to go to bed—where she had been for two weeks.

Knee very sensitive to touch.

Sharp pains shoot through it every ten to fifteen minutes.

A plaster had been used on the knee, also alcohol, chloroform liniment, laudanum and tincture of iodine; but they "did no good," the suffering growing "worse and worse."

Cannot sleep—the pain is so severe.

Head aches, from much loss of sleep.

Complete want of appetite.

Great thirst.

Has always been a strong, healthy woman—but now is very nervous and discouraged and seems sick.

Arn. 40^{m}.

Jan. 9.

Slept from 8 P. M. to 5 A. M. the night of the 7th, only waking once.

Shooting pains entirely gone from knee.

Soreness very slight.

Swelling going down rapidly.

Knee hurts only when going up and down stairs.

Headache gone.

Appetite excellent.

Thirst only moderate.

Patient is cheerful and looks like a different woman.

S. L.

Jan. 11.

Knee somewhat stiff yet. No pain or soreness or swelling.

Right foot swells during day. Must loosen shoe.

S. L.

Jan. 14.

Jarred right leg in getting off a car quickly, and knee began to pain slightly.

S. L.

Right foot still swells a little.

Jan. 21.

Right leg "as good as the other one."

The most remarkable point in this simple case is the rapidity with which all pain disappeared from the knee. Within six hours after the administration of the arnica the patient was so much relieved that she fell asleep, and the next day was able to be about the house with almost no suffering, and this after two weeks in bed as a result of the injury.

Surgery.

THE MANAGEMENT OF ABNORMAL UTERINE DISCHARGES, NON-HEMORRHAGIC.

A DIGEST PAPER READ BY E. STILLMAN BAILEY, M. D., BEFORE THE HOMŒOPATHIC SOCIETY OF CHICAGO, ILL., FEBRUARY 6, 1895.

Normally the external genitals have a simple moisture; the normal vaginal secretion is not profuse, is sometimes very thin, transparent, at other times creamy, opaque, not unlike clotted milk or smegma, and is decidedly acid in reaction. The normal secretion from the endometrium is a mixed one; blood and a variable milky fluid, somewhat, viscid, alkaline in reaction. Like the gastric juice, this fluid is entirely free from germ life, but the superior zone of the vagina, the cervix and cervical canal continually harbor an unknown number and variety of micro-organisms.

DIVISION I. *Watery Discharges from Simple Inflammations.* (1) Simple Inflammation; (2) Acute and Chronic Catarrh; (3) Syphilitic Dyscrasia; (4) Malodorous forms; (5) Hydrometra; (6) Lithaemia; (7) Uterine Cancer.

(1) Simple inflammatory leucorrhoea is a bland, non-irritating, mucoid discharge, being largely the secretion of the active glands, plus the effusion due to hyperaemia. Appearance not unlike nasal coryza, quantity often excessive from fatigue, colds, etc., and shows mucoid cells and exfoliated epithelium.

(2) Acute and Chronic Catarrh: Acute form. These catarrhal conditions arise from a hyperaemia of the mucous membranes, showing engorgement, stasis and thickening. This tension is finally relieved by a watery exudation—liquor sanguinis, loaded with exfoliated epithelium, granular debris, mucoid cells, fat and leucocytes. Micro-organisms are instrumental in keeping up the discharge. I have inoculated between two and three hundred tubes with cultures taken from the vaginal fourchette, superior vaginal zone, cervical canal

and endometrium. The result in fifty cases (consecutive) of endometritis showed characteristic micro-organisms growing after every inoculation, and, with one exception, I never failed to get some form of germ life after making the test. Chronic: The chronic uterine catarrh is a relapsing acute catarrh; appearances vary. The cervix becomes hyperplastic, sometimes smooth, rounded, with the skin distended; at other times, though enlarged, the surface is wrinkled, purple or fiery red.

(3) The Syphilitic dyscrasia, by inheritance, remote infection or by contagion, is well known to show itself in attacks upon the mucous membranes. While not possible to classify this especial discharge, there is reason to believe that those who have a uterine discharge, plus a syphilitic taint, may suffer from excessive secretions. It is a form most difficult to eradicate.

(4) Malodorous forms, fortunately, are rare, the odor probably arising from a sulphur compound elaborated by a special bacterium.

(5) *Hydrometra* is characterized by a sudden rush of water from the uterine cavity; is not necessarily connected with pregnancy. More likely to take place in women of advanced age, due to retention of natural secretions from obliteration of the canal. When it repeats itself at regular intervals, or remains persistent, the cavity of the uterus or the tubes should be explored and the cause recognized and removed.

(6) *Lithaemia* as a cause of discharge, is very little understood. Exaustion from nerve excesses or nerve diseases may be productive of lithæmic conditions simply through loss of innervating force, or, on the other hand, the functional disturbance of the nervous system may be solely and directly the effect of the lithæmic condition.

(7) Uterine Cancer: The discharge is sometimes the first warning and may come in large quantities and repeating, or an unnatural flow with small persisting amounts. It is not common.

TREATMENT:—For the symptoms, which, excepting cancer, do not indicate profound pathology—the great weight, bearing down, fullness, throbbing, red or purple congestions, heat, moisture, etc.—simple measures are curative. Locally, solutions of sodium bi-borate or bi-carbonate, or creoline. Hot

applications directed to the inflamed parts, I have used with good result. Cotton pledgets saturated with the watery extract of Phytolacca, I can also recommend. The vaginal douche, properly given, is beneficial.

PART II. Infective Inflammations Producing Abnormal Discharges,—Non-Hemorrhagic:— (a) Infective Inflammations; (b) Muco-purulent Secretions; (c) Sero-purulent; (d) Gonorrhoeal; (e) Tubercular; (f) Purulent and Putrid.

(a) *Infective Inflammations:*—terminate in some form of suppuration, destroy tissue, interrupt function and establish pathology. Once, infection was supposed to be the absorption of decomposed animal matter; now it is held to be due to pus-producing micro-organisms. Formerly, when the doctrine of auto-infection was taught as the reason why one-fifth to one-third of all the mothers gave up their lives during the puerperium, much less care was exercised in the matter of examinations. Under modern methods, with antiseptic precautions, four hospitals in New York and Philadelphia report 670 deliveries and only eight deaths from sepsis. The normal vaginal secretion, according to Doberlein, is whitish, of the consistency of clotted milk and with a decided acid reaction, containing a long bacillus, epithelial cells and a few yeast cells; the pathological secretion is of a yellowish or greenish color, weakly acid, neutral or alkaline in reaction, and contains bacilli, cocci, epithelial cells and leucocytes.

(b) *Muco-purulent Discharges* are composed of excessive mucous, plus pyogenic bacteria and the chemical products thereof. Infection is chiefly from without—the pus bacillus has no habitat in the human body and always works destruction. The whole mucous tract may be involved. The mucous membrane yields slowly before the bacillus. The mucosa becomes swollen, deeply colored, and blood vessels increased in number, then rupture causing slight hemorrhage. Cocci gather in the reticulated network of the connective tissue and form foci amounting to tiny abscesses. As the vigor of the attack fails the discharge lessens and finally the mucoid discharge reasserts itself as the dominant one.

(c) *Sero-purulent:*—During resolution after an acute inflammation the process of atrophy is established and a serous or sero-purulent exudate is noticed. The sero-purulent dis-

charges appear in the atrophies, especially through the natural process of age, or as a result of local cauterizations, or the direct application of carbolic acid, silver nitrate, iodine and the like.

(d) Gonorrhœa is a virulent infective inflammation; the exciting cause is conceded by many, if not all, to be the gonococcus of Neisser. It grows only on certain types of mucous membrane, chiefly the male and female urethra, the uterus, Bartholin's glands and the conjunctiva. They penetrate into the protoplasm of and multiply rapidly in pus cells. Many gynæcologists assert that nearly all inflammations of the tubes or ovaries are due to this germ. After a time the gonococci disappear spontaneously, owing probably to the destruction of the cylindrical epithelium. The microscope is the only means of determining their presence. *They do not thrive outside the body and will not develop on the ordinary culture medium.*

Tubercular:—Genital tuberculosis is usually secondary to the same condition elsewhere in the body, though it may be primary and represent the sole localization of the disease. It is found in about one case out of 100 autopsies.

Purulent discharges, especially if abundant, may generally be attributed to the evacuation of pus cavities; is usually from purulent endometritis or pyosalpinx with occlusion of the openings.

Management: (1) Evacuation of pent up secretions together with necrotic tissues (Curettage); (2) Provide for drainage, (dilitation); (3) Adoption of thorough sterilization, (Antiseptics).

Intra-uterine treatment:—Sounding the uterus often leads to sepsis; the utmost care and cleanliness should be observed. Drainage should be provided for. For ordinary catarrhal conditions, gonorrhœal or specific, curettage is of very questionable benefit; for the discharge of endo-cervicitis, curettage is harmful. Curettage is the remedy for cases of suspected malignancy, and for various forms of fungus and hyperplastic endometritis. Negative intra-uterine galvanic cauterizations seem to hold in check the progress of inflammation.

DISCUSSION.

L. D. Rogers.—I think this Society owes Dr. Bailey a

vote of thanks, for I believe this is the first paper presented to the Society accompanied by such tangible results of individual investigation; if there is anything which will build up the Society, it is individual work, and I am most pleased to witness the initiatory step in that direction. I am particularly interested in this subject; when we understand the causes of uterine discharges, and can detect the pathological from the normal, we are on the high road to curative methods. We can understand many of the puzzling questions in the therapeutics of uterine discharges when we view them in the light of the facts as given by Dr. Bailey tonight. I am sorry the Doctor did not give us the names of the different germs exhibited in the cultures; our standard text-books on bacteriology mention that the streptococcus pyogenes especially is found in the vaginal tract, but, of course, many other pathological varieties are found there. I will take issue with him on a few points, particularly in relation to the gonococcus, of which he speaks as seizing upon pus cells; while admitting that its pyogenic nature has been and is still a mooted point, I believe that the better authorities consider it a pyogenic germ. Of these pyogenic germs there are not a great many, but the gonococcus is now considered as one of them. The old question of cell resistance comes up every time we meet a case of germ origin; why is it that the germs cause the disease in some cases, while, in others, we find the germs but no trace of disease caused by them? The more I go into the question, the better I am satisfied with the Homœopathic treatment. I read an article recently in support of the claim that the germ of typhoid fever is pyogenic germ. In the discharges under discussion what is it that makes the secretion acid in one case and alkaline in another? We notice that in most of the cases mentioned by the Doctor the reaction was either alkaline, or feebly acid.

I desire to emphasize my appreciation of the paper; it was work in the right direction, and, sometime in the future, I may be able to furnish some additional data."

Jos. P. Cobb.—"I have nothing especial to say. I recognize the fact that the paper has cost Dr. Bailey an immense amount of work and is one of the most valuable products as yet presented to the Society; I did not like to see the discussion so slowly elicited. I am not prepared to discuss the paper; it has

been of value to us all for it teaches us how to handle some of the most common and yet the most trying cases we have to deal with. I wish to express to Dr. Bailey my personal gratitude for the paper and the labor which it represents."

Dr. McPherson—"I am almost a stranger among you and had not intended saying anything, but I have been very much interested in the paper. The topic is probably the most interesting that could have been brought before the Society at this time, as it is being discussed all over the country and considerable experimental work is being done. I am sure that Dr. Bailey has devoted a great deal of time and hard work to the study of the subject and now we share in the result of his labors. Like yourselves, I am much interested in this microscopical work, and in the little germ to which most of the ills to which the flesh is heir are at present attributed. I am glad to see this line of work so faithfully followed, as—mind you, I say nothing against Homœopathy—many people have not given us credit for the thoroughness of detail which has been shown by the work brought before us tonight. Now, a word as to treatment, to draw out discussion on the point. The treatment is an important matter; pathology and diagnosis are all right, but the part which interests the patient is the treatment. There is no person, of any experience, in the room, who has not seen his skill baffled by this class of diseases. We have treated from symptoms, with drugs high and low, with iodine, calendula, glycerine and hot water, according to the plan of this one or that one, and have met with failure. How can they be cured? From the more primitive and simple cases to the aggravated forms which follow, the question is 'How shall we treat them?' For a long time I treated these cases with remedies and local applications, generally prescribing with poor success until I observed the most scrupulous cleanliness about the uterus and vagina, paid proper attention to lacerations and chronic conditions, took a general view of the case and treated it as I found it, without naming it. I have been unable to cure without the curette, iodoform or carbolic gauze, etc. I believe we can do more with the proper remedy, properly selected for each individual case, than can be done in any other way. I believe that we should not treat these cases without the carefully selected remedy, for herein lies the secret of our

success over the Old School. I have made these remarks simply to draw discussion."

G. W. BOWEN, (Ft. Wayne, Ind).—"An experience of forty years in practice convinces me that it is not necessary to make so many examinations in these cases. My questions run about as follows: 'What has caused this? Is it the result of a miscarriage? Does it take the place of menstruation? How long has it existed? Is it caused by the suppression of some other secretion, or hemorrhage, or is it from change of life? Is the secretion yellowish? Is it profuse? Is it corrosive?' These are pretty nearly all the questions. Not once a month do I have to make an examination on this account. I never advise or consent to any injection, other than water or mild soap-suds. That is a self-cleaning channel. When the stomach cannot digest the food we give medicines to increase the secretions. We increase the secretions of the bowels in constipation. We know if there is a morbid condition of the uterus, we must increase the secretions and throw off the contents. I have lately had two cases which deeply interested me. One, a lady of 33 years, confined two years ago; baby healthy, weaned, but the mother never menstruated more than one day at a time. Discharged hard, fleshy clots with some offensive odor. Being brought to me for examination, I found the uterus enlarged, hard, more so on the right side, not including the ovary. I assured her there was a mal-deposit in the uterus, of what, I could not say. I gave Belladonna and Bryonia in alternation, three hours apart. In two weeks a portion of an apparently healthy placenta was expelled. The paleness and hardness of the uterus remained. I gave her a few doses of Pulsatilla for three days, then Bryonia and Arsenicum three hours apart for two weeks, when a fleshy tumor was expelled that, when I saw it three days later, weighed one pound. The other case was the expulsion, by the same means, of a dead fœtus which had been retained for a year. It was encysted and offensive. My plan of treatment is to take care of the circulation in and through the uterus, and to increase the secretion of its mucous membrane, then see that there is no obstruction; we know that Belladonna, judiciously given, will relax every circular fiber of the body. The complexion of the patient, whether blonde or brunette, should be taken into consideration; if it is a blonde

and the discharge offensive, I never fail to give Arsenicum, because blondes generally show scrofula. The Arsenicum takes care of the scrofula and assists in expulsion. Belladonna may also be needed to produce relaxation. When the uterus is cleaned I don't care what comes because I know that all conditions can be met with the Homœopathic remedies. If offensive always give Arsenicum; I fell into the habit before the study of bacteria became so common. So, if offensive, Arsenicum. If yellowish, Mercury. Sometimes, of course, other remedies may be indicated; Sepia for instance. I need but few remedies. Causticum is corrosive; Mercury is corrosive; Arsenicum is corrosive; Arsenicum is offensive; Mercury is yellowish. You may need China if exhausting.

I have never given but one class of cases a drop of the tincture and that is delirium tremens, where I use Nux. I have never used a decimal potency. I count on my fingers to them, so: 'Don't eat pork, lard or sausage, and don't drink beer.' Isolate if it is a married woman. I came here to learn, and I am ever so glad to see the younger men coming at this matter from a scientific standpoint. I am too old for such work and have too much to do, but I am glad to see the younger men place the standard of our school high up. I thank Dr. Bailey for his paper. This is a medical center, and we in the country think it should be the medical Mecca. I have with me a portion of the mirror which Burns had in mind when he said

'Wad some power the gift to gie us
To see oursels as ithers see us.'

and I beg your pardon while holding it up to you tonight. I am a little bit afraid that the physicians of Chicago will never make this city very mecca-ish unless they give up (1) the indiscriminate use of steel and (2) the craving for what our national treasury now lacks."

"THERAPEUTICS VS. THE KNIFE IN APPENDICITIS."

HOWARD CRUTCHER, M. D., CHICAGO.

In the issue of THE ADVANCE for December, 1894, appears an article from the pen of Dr. A. L. Fisher, of Elkhart, Indiana, entitled, "Therapeutics vs. the Knife in Appendicitis." Much that Dr. Fisher says is true, but it seems to me that his

concluding paragraph is full of misleading and dangerous advice. He says: "In conclusion, my advice is: Study your cases carefully, prescribe carefully, watch carefully, and if the case in spite of your best endeavors goes on to suppuration * * * do not delay operation too long," etc.

Watch what? To watch the appendix is out of the question, and one thing in connection with appendicitis has been demonstrated beyond a shadow of doubt, which is that the patient's general symptoms are no guide whatever to the real condition of his appendix. How does anybody know when the appendix *does* go on to suppuration?

In this connection I have to report a case where a rigid adherence to correct surgical principles saved my patient's life, and the facts are so plain that I am sure Dr. Fisher will agree with me.

On a recent afternoon I was visited at my office by a lady who desired me to call to see her sister at the close of my office hours. I suggested that I might prescribe successfully without seeing the patient and asked for symptoms. It was Thursday. On Tuesday morning the lady, aged 30, was taken with "pains and cramps in the pit of her stomach;" "she suffered terribly Tuesday night and yesterday and still has a great deal of rumbling in the bowels;" "she gets worse every day about 5 P. M.;" "you can hear the gas roll around her stomach and bowels;" "high fever yesterday but none today;" "the pain now is low down in her side." This is the picture I got from the patient's sister. A powder of Lycopodium was sent. The medicine was given to the patient about 3 P. M. I had no doubt of the nature of the attack and told the messenger that I would visit her sister during the evening. Shortly after 7 o'clock I reached the patient's home. She met me in the sitting room and seemed perfectly well. The medicine (Lycopodium) was reported to have acted very promptly. The temperature was *normal*, the pulse 76. Examination showed marked abdominal distention. There was acute pain on deep pressure over the cæcum. I said, "Mrs. L., you have had an acute attack of appendicitis; if appearances were worth anything I should say that you were on the high road to recovery; but I have no faith in appearances, and for my part I prefer to take as few chances as possible."

"That means operate."

"That is exactly what I mean."

"When?"

"Tomorrow morning at 8 o'clock."

Through an inch and a half incision I removed an appendix that presented these features: Five inches long; tip ballooned and fluctuating; stricture one inch from cæcum; distal end gangrenous through mucous and adenoid layers; contained two drams of thick pus.

The gangrenous and deadly tube was found behind the cæcum and well up toward the liver. The pain was gone, for a dead appendix, like a dead man, tells no story. The patient made an uneventful recovery.

In conclusion, I have never had one death from the early operation in appendicitis, although my record in those cases "left to nature" is so full of deaths that the book containing their records might be appropriately bound in crepe.

THE PREVENTION OF SHOCK.

HOWARD CRUTCHER, M. D., CHICAGO.

Authorities are agreed that artificial heat is the greatest remedy for surgical shock. In ordinary practice the rule is to complete an operation, *after* which the patient is put to bed and surrounded with bags of hot water. Evidently the bags are used to prevent shock, but is it not absurd to delay their application until the completion of the operation? It seems to me perfectly self-evident that in *every* operation requiring the administration of a general anæsthetic the patient should be supplied with abundant artificial heat *during* the operation. It is not safe to neglect this precaution. The usual rule is to wrap the limbs in a woolen blanket and trust to the patient the work of supplying himself with heat. For some months past I have used the hot bags in *every* case and the results have been such as to justify the practice beyond all question. In over forty major operations, many of them upon the abdomen, I have been at times astonished at the insignificance of the shock, and I now believe that this result has been due to the liberal application of heat during the progress of the operation. My practice is, whenever practicable, to place two or three water

bags around the lower limbs and one under each side above the pelvis. When dangerous shock is feared additional bags are placed in the axilla.

It is necessary to exercise considerable care to prevent the patient from being burned. In one of my cases of laparotomy the wound had closed perfectly and the patient was ready to leave her bed on the tenth day save for a troublesome burn on the left ankle. The surgeon must attend to these matters himself, as many assistants and nurses seem to have no conception of the necessities of the case. In the first place, the bags should not be filled with boiling water. A temperature of 130° is sufficient for all practical purposes. A leaky bag is a dangerous nuisance and should never be used. In hospital practice a large bag, covering the top of the operating table, would be perfectly suitable. This could be supplemented by smaller bags when necessary.

THE KENTUCKY APPENDIX.

A Visit to the Southwestern Homoeopathic College and Hospital—A Bright Class and a Capable Faculty.

It had long been my desire to make the acquaintance of the vermiform appendix as it is found in the Blue Grass State. The opportunity came recently when a gentleman wrote to me from Louisville that he desired me to officiate at the funeral ceremonies that were to separate him and his appendix. He was instructed to report at the Louisville Homœopathic Hospital at a certain date and put himself under the direction of Dr. G. S. Coon and his associates. One breezy Saturday night Drs. Stafford, Warren and myself boarded the Monon's fine train and the next morning found ourselves in the Broadway Station at Louisville. At the hospital, 635 Sixth street, our party was welcomed by Dean Monroe, Registrar Clokey and their bright class of thirty young men and women who had been courteously invited by the patient to profit by the scientific features of his case. We found a large, very light operating room well stocked with modern conveniences. While the patient was being etherized I accepted Dr. Clokey's invitation to give the students some verbal observations on appendicitis.

That was, by the way, the only lecture that I ever gave on the subject.

The "erring member" was located after some effort and brought to the outside world. Its nose was scarlet, its cheeks a sort of purple, and its surface traversed by dark, tortuous vessels—a besotted condition in singular contrast with the abstemious habits and exemplary life of its possessor. The mucous coat was badly damaged, dark and spotted, presenting something of the appearance of an alcoholized stomach. Its breath was not strictly first class.

The apparatus of the college is excellent, but one feature deserves especial mention. The teaching of Physiology is illustrated by means of a stereopticon, a method vastly superior to those in general use. There are some strong men in the Southwestern College, but some of the chairs, notably that of Practice, might be materially improved. That a flourishing college should exist at all in Kentucky shows that Kentucky does not deserve all the bad things that have been said about her. The old State that gave Ephriam McDowell to Surgery and Abraham Lincoln to humanity ought to be pardoned for an occasional infraction of the Ten Commandments.

It may be interesting to recall the fact that some of the foremost operations in Surgery were done first in Kentucky. In 1809 ovariotomy was first performed by Ephriam McDowell, of Danville, and soon thereafter his nephew, Alban G. Smith, of the same city, first performed lithotrity. The first successful excision of the clavacle was done by Dr. Charles McCreary, of Richmond, in 1813. The first hip-joint amputation on this continent was done by Dr. Walter Brashear, of Bardstown, the date of which I do not remember. The Surgical reputation of the State has always been very high.

To Dr. Monroe and his associates we are under many obligations for a beautiful outflow of hospitality and good fellowship such as one must go to Kentucky to fully understand.

We were pleased to learn that the patient made an excellent recovery. H. C.

SURGICAL NOTES.

Dr. John B. Deaver, of Philadelphia, reports (*Medical News*) sixty-one operations for chronic appendicitis with only one

death. Of the 61 cases, 36 were males and 25 females; 34 were constipated, 5 were normal, 12 had diarrhœa; the oldest was aged 65, the youngest 9; pus was found 25 times, whilst 36 cases were free from it; adhesion, were present in nearly every case, and one patient had experienced 16 attacks. Considering the serious character of many of the cases, this record of Dr. Deaver's is perhaps unsurpassed.

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Dr. W. E. Green, whose Surgical contributions are singularly clear and scientific, says that no case of strangulated hernia should be operated upon without the attempt is made to affect a radical cure. This advice is so sound and sensible that it seems remarkable that any other course should ever have been generally approved.

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Personal experiences are curiously contradictory. The late lamented and beloved Dr. J. P. Dake said, in his last medical paper, that he believed more lives had been sacrificed by appendectomy within the past five years than had died from the need of it in the century.

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Prof. E. S. Bailey (*Southern Journal of Homœopathy*) reports a case where in opening the abdomen he wounded the urinary bladder. The tissues had become so blended by inflammatory changes that the accident was practically certain to happen to any one opening the abdominal cavity. The case is referred to here, first, because it shows that even the ablest Surgeons are not free from distressing mishaps, and, again, for the reason that Dr. Bailey has followed a noble rule in reporting his case with all necessary detail.

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Dr. Howard R. Chislett reports in *The Medical Current* a shocking experience wherein a criminally negligent anæsthetist forgot his duty, became a spectator, and allowed the patient to die on the table. The patient might have died under the most skillful attention possible, but nothing can atone for the shameful neglect that was evident, and for which, in ignorant

or malicious minds, an able Surgeon, such as Dr. Chislett is known to be, might have suffered heavily in reputation and purse.

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Indeed times have changed when a famous light in Old School surgery does a critical and almost unparalleled operation with the active assistance of three Homœopathic practitioners, as was done recently in Chicago.

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The following recipe makes an excellent liquid soap for Surgical use: German green soap 3 parts, broad spirits, glycerine, and water each 1 part.

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Prof. Lydston, of Chicago, has performed urethrotomy, internal and external, nearly 700 times. We wonder how many of these cases have been rendered fit subjects for operation by the use of injections for gonorrhoea.

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"A Surgeon should possess the heart of a lion, the eye of an eagle and the hand of a woman."—Exchange.

And, permit us to add, the nose of a bloodhound.

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Prof. J. B. Murphy, of Chicago, says that "every case of appendicitis, whether promising or unpromising, should be operated upon at the earliest possible moment."

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* *

Mr. Lawson Tait, the great English Surgeon, is a most provoking man. He is incessantly poking fun at the use of germicides, and the worst of it is that his results are the best of any on record. There is unfortunately a disposition prevalent to measure results not by the number of patients cured but by the number of germs killed. This sort of human idiocy must be very amusing to the germs, even if they are vegetables.

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The greatest antiseptic in existence is the indicated remedy.

Society Reports.

THE ORGANON AND MATERIA MEDICA SOCIETY OF PHILADELPHIA.

The Organon and Materia Medica Society held its regular meeting at 1317 Ridge Avenue, the President in the chair.

After the roll call, the minutes of the November meeting were read and approved.

Dr. Johnson-Olds read section 87 of the Organon, and commented on it as follows:

"If a physician who had been trained in Homœopathy, were going to a desert island, to some far distant part of the world, to practice, where he would have no opportunity during the rest of his life, for further instruction, and we wanted to give him a watchward to carry with him, never to forget through all his practice, probably nothing could be more valuable than the injunction '*never ask a direct question on taking a case.*' And physicians who have gone off, remote from centres of homœopathy, and remote from clinical work, will probably, nearly all of them confess, in no respect have they so often erred, as in this one, and yet they say they know how great a mistake it is. There is nothing easier in the world than to fall into the habit of asking direct questions, especially, as I say, by physicians remote from medical centres. When a doctor is conducting a clinic before students who know perfectly well that direct questions are not to be allowed, he is not so likely to fall into the habit of doing it, as when alone. The whole essence of this paragraph lies in this, the danger of asking direct questions; we may consider, perhaps, for a moment, why we should not ask them, what harm is done? Supposing we say to our patient, as I have heard it said, 'does the pain in your throat go to your ear?' how much information are we likely to receive? It may be a very valuable symptom in that case that the pain does go to the ear; it may be something that we are very anxious to know, but just so sure as we ask the question in that

form, we put aside the possibility of knowing it as reliable information. Almost any patient will think the doctor ought to know where the pain does go, and most of them will say, 'Oh, yes,' whether it goes there or not. We had better wait without any information on the subject, until we can obtain what is reliable. There are several cautions that we might consider, perhaps, in these remarks. One is the habit which so many physicians have, (without realizing that they are asking direct questions) of saying 'how about such a symptom?' We can say 'how about your head?' and it simply amounts to asking them to tell you about their head, but supposing a patient has a headache, and we say, 'how about your headache being better when you are lying down?' You see that is really a direct question, and yet it is a habit, which physicians fall into. Of course a direct question about a common symptom is not particularly dangerous, although not advisable, because of the habit it forms. We can say, 'have you a headache, or any trouble with your bowels, or any heart trouble?' and the information we receive is valueless, except as we get the modalities. It is better, however, to ask the patients to tell you about their head, or remind them, they have not yet spoken anything about their heart, etc. If simply for the sake of making a patient feel more at home, you can ask them something that has no relation to the case. Among the ignorant patients there are two classes. One is found in the colored race; the person comes in and sits down, and in one breath tells us everything we want to know, unbiased by pathological knowledge of any kind. They are excellent patients to have. In the ignorant Irish patient we find a certain dull, heavy. stupidity, which does not seem able to tell anything, and in these patients the necessity of avoiding the direct question is perhaps particularly marked. Any symptom that is suggested to them they are sure to have. It is hard enough to practice medicine any way, as the world is situated at present. We have to contend against the prejudices of our patients; against their habit of wanting information from their doctors as to their diseases; against the enormous drugging that they have all had, which oftentimes brings them to us in such a state that good treatment is almost impossible. Therefore, let us avoid with utmost care, adding to these what is our own fault, if it happen,

the difficulties brought on by an improperly taken case; by suggesting to our patients some symptom that they have not, and so getting our symptom picture untrue."

The President, compared Wesselhoft's and Stratton's translation of section 86 of the Organon, showing a marked difference in the two renderings. In the Stratton translation the condition inquired about are stated in one sentence, while in the Wesselhoft's translation, each condition is given as a separate sentence. Attention was called to the fact that doubtless in the Fincke translation the difference would be found to be still greater, his work being extremely liberal.

Dr. Mulford's paper on Clinical Medicine was read.

CASE NO. I.

Michæl Aurelli, aged 24 years.

Medium size, dirty, sandy skin and hair. Came to the dispensary Jan. 22, '94 with a small opaque spot on the cornea of the right eye which distressed him very much. Seemed like a veil before his eye. He had had it eight years and had been to several hospitals and had local treatment with no relief.

As he was an Italian and could speak no English and I could not speak Italian, and had only a poor interpreter, I could get absolutely no other symptoms. I gave S. L.

On the 29th, one week, he came again and gave him Sulph. 55^{m}.

Feb. 5.

S. L. A slight change.

Feb. 12.

S. L. Improvement.

Feb. 19.

S. L. Spot growing less.

Feb. 26.

S. L. Spot nearly gone.

March 2.

He came in to show me that the spot was entirely gone, just four weeks and four days from the time he got the *Sulph.*

CASE NO. II.

John Handy, aged 52 years, colored.

Tall, slender, mild disposition. Chilly, wraps up well,

hovers over stove. Was called to see him Aug. 3, '94. Hurt his back lifting a stove two weeks before.

<stooping.
<rising.
<across sacrum.
Eruption on body and arms scaly.
Comes out first like blisters.
Dries up without discharging.
When scratched bleeds and burns.
Stomach weak.
<meat
<onions.
<alcohol.
<lemon juice.
<vinegar, which burns and seems to tear as it goes down.
There seems to be a stricture of the glottis.
Solids go partly down and fly back.
Can swallow solids only with great effort.
Tongue coated white in centre, red edges.

Rhus. ^{cm}.

Aug. 4.

S. L. Slight improvement.

Aug. 8.

S. L. Much better.

Aug. 10.

S. L. Improvement.

Aug. 16.

Rhus.^{cm}. Better except the eruption.

Aug. 21.

Itching worse, especially at night.
Bowels loose.
Stool mixed hurried.

Sulph. 55^{m}.

Spits up quantities of saliva, frothy.

Aug. 23.

S. L.

Better every way.

This was the last time I saw him, but he soon went to work

(cook) and has been able to work ever since. I hear from him occasionally, that he is a firm believer in Homœopathy.

He says he is entirely well.

Dr. Johnson-Olds—The first case, the opacity of the cornea, furnishes an example of a class of cures that are very striking to those that have not seen them. Corneal opacities with the Old School are regarded with horror and dread ; but we know that there are a number of the Homœopathy remedies, which when indicated by the symptoms, will remove them entirely, leaving no traces and no evil results behind.

Dr. Medley read a paper on Materia Medica, bringing out some interesting points about Lachesis.

POINTS ABOUT LACHESIS IN PERIOSTITIS AND CARIES.

Within the last few years my attention has been called to the efficacy of Lachesis in bone pains and diseases affecting the bone. In the most troublesome of these cases, there was an absence of peculiar symptoms that would call for this remedy. Due possibly to the vitiated constitutions from both drugs and disease. Lachesis was indicated in one instance in Periostitis of the left tibia, lower quarter, in a man 55 years of age. Some years before had an ulcer over the spot where the present trouble was for which he took Old School medicine to purify his blood.

Symptoms—Copper-colored scar three inches long and two inches wide.

Bone sensitive on deep pressure above the sensitive spot for about three inches.

Striking his foot against anything causes excruciating pain going to his heart.

Pain not aggravated by a jar providing the bone is not struck.

Swollen condition of the leg above the extremely sensitive point.

In the centre of the copper-colored scar a bright red shining spot, covering the spot where the ulcer had discharged.

Bright spot formed the base of a scaly eruption which built up rapidly and fell off in less than two weeks.

Scaly eruption itched.

Covering copper-colored scar was a vesicular eruption.

the itching was

and sole. Pains
under the covers,

Feels it is near

sleep than before.
come on lasting 5 to

not go to bed, lies on
turned off. Must

or any other part

pain through the leg

a door, or the sudden
annoyances.
scratching, burned after
worse from the heat of the

when he walks, to rest the

pain lets up a little.
symptoms resembled Sul. that I gave
considerable relief followed for 8
Feeling this to be an
disease, I then gave the
Before very long I was sorry
more intense and day and night it
about it and the counsel thought,
made a great mistake, which can
by experience. The next remedy
the thousandth to be given every few
good authority patched up these cases
was so poor, as it had an antidotal re-

lation to Mercury. Still no relief came; the next thing I gave was Coffea as it had the nervous symptoms so markedly, but Coffea did not modify the condition. Day after day I saw the patient and heard the same old story until one day he accidentally remarked "There! as that bell rung the pain shot down my leg to the sensitive spot and clutched my limb.' The pain was more minutely described on closer questioning, as a band drawn about the leg. This was the first intimation of a sensation of constriction in the case. My attention was then drawn to Lachesis which on study showed so many symptoms in common with Sulphur especially in the rheumatic symptoms where, if you are careless, or your patient does not give the symptoms thoughtfully, one may be given when the other is indicated. This case would not have persevered with Homœopathy, but I presume his experience with his ulcer had been no better under the other medicines and the only relief guaranteed him by the Old School physicians was to scrape the bone, which none of his family could persuade him to do.

Another lesson I learned here about Lachesis was the relief of the itching that was worse from scratching and worse from the heat of the bed and bathing. In the hospital we had numbers of cases where all we could see was Sulphur or Arsenic in a case, and the patient after persevering as long as a year would have the eruption suppressed declaring they would have their children suffer no longer. I feel now Lachesis would have been a very useful remedy here.

Another case where Lachesis worked with magical effect in bone pains, was in a case of caries of the patella, where there were two openings.

SYMPTOMS—Worse from a jar, could not stand the weight of the bed clothes.

Lateral curvature of the spine.

Very sensitive and low spirited.

Melancholy, wants to die, cries by the hour. Cannot feel happy.

Melancholy expression of the face.

Very low physical condition from repeated abortions. Has had one and sometimes two a year for the last five years.

Bright red cheeks. Cannot bear the weight of the bed clothes over her knees.

Editorials.

HOMŒOPATHY IN STATE INSTITUTIONS.

The victories of the past lead on to more aggressive work for the future and we find the Homœopathic profession, by means of thorough organization, prepared to take up the offered opportunities for a demonstration of their faith in the *Law of Similia.*

In the State of Missouri, the *Missouri Institute of Homœopathy* has appointed a committee of five strong, influential men who will have charge of all matters to be presented to the State Legislature in the interests of Homœopathy. This committee consists of Doctors W. C. Richardson and W. B. Morgan of St. Louis, T. H. Hudson and E. T. Brady of Kansas City, and J. H. Ravold of St. Joseph. After an interview with the Governor and a discussion of the situation with different members of the legislature they have formulated their plans under two different heads:

1st:—An act to establish a chair of Homœopathy in the State University and

2d:—A bill providing for the setting aside of one of the State Asylums (insane) to be placed exclusively under charge of Homœopathic physicians.

In Illinois three bills have been presented to the legislature, one in the upper house by H. V. Fisher, asking for an appropriation for the building of an insane hospital; a bill in the lower house introduced by Wm. Payne, embodying the same matter; and a second bill has been introduced in the lower house by Lawrence Kilcourse, asking for an appropriation for the building of a state asylum to be under the control of Homœopathy.

At the time of writing, the bill of Mr. Fisher has been approved by the committee on public buildings and sent to the committee on appropriations for their action. The committee appointed by the State Society has the preliminaries so arranged that if the committee on appropriations recommend any

sum of money for the building of a new asylum, Mr. Kilcourse will move an amendment placing the hospital under the control of the Homœopathic school, and the father of each bill will accept this amendment and it will then go to each house for discussion.

In the mean time, it is imperative that all physicians wishing to see the demonstration of the superiority of Homœopathy over all other systems of medicine in this state, should write to their member in each house, urging his influence for this bill, and at the same time all societies should petition members in their districts to use their influence in this direction. "In union is strength"and a strong concerted action must make its influence felt. If you want this asylum do not put off your part of the work until tomorrow, or stand idly by thinking some one else will do the work.

HOMŒOPATHY IN STATE LEGISLATION.

"By their fruits shall they be known." It is a singular fact that all phases of state legislation upon medical subjects should emanate from one source and that all features of it profess to be actuated by one great and noble purpose—*the protection of mankind.* It is also a singular fact that the people to be protected are not the ones who will petition the legislature in their own behalf. Another singular fact is this that the very ones to be protected act as the only safeguard to their own protection by their pronounced opposition to all plans of restrictive legislation offered by these *philanthropists* in medicine. The Homœopath may be an enthusiast or a crank, but he never seeks to force his convictions down the throat of those who do not wish them. On the contrary, he covers his medicine with sugar and in the most inoffensive manner so pleases a large portion of suffering humanity that they almost unconsciously become enthusiastic adherents to the new faith. It is immaterial to the follower of Hahnemann whether his brother in medicine believes as he does or not, so long as he keeps his opinions within legitimate bounds; but as soon as this brother rises up in his arrogant bigotry and condemns all phases of scientific thought that do not meet with his approval and seeks by his might to suppress the same, then it is that opposition is aroused that will not slumber until every vestige of oppression is wiped out.

Even though it were not a fact capable of daily demonstration that remedies applied for the healing of the sick according to the principles given us by Hahnemann, were the safest, surest and quickest method for the healing of the sick, still in the unsettled and unsatisfactory state of medical science applied in accordance with the Empyrical system of the Old School, they have little grounds for taking to themselves the exclusive right of dictating how suffering humanity shall be protected.

The utmost liberality of thought should be encouraged, and at the same time the best way for the protection of the principles held so highly by the School of Medicine founded by Hahnemann is to so thoroughly train the rising generation of its disciples that they will *know whereof they speak and be able to give a reason for the faith that is in them.*

HOMŒOPATHY IN STATE UNIVERSITIES.

The position now occupied by the Homœopathic department of the University of Michigan is such that it is highly important that the regents of the State University exert more than ordinary discretion in the appointment of a faculty that shall be the representatives of a system of medicine, which bases its existence upon the foundation of a universal law, that is adapted for the cure of all forms of disease. Scientific medicine, so called, has its exponents, its teachers in every department of its great University. Teachers who *believe what they teach and whose efficiency is measured by the enthusiasm transmitted to their class from their very presence.* The Homœopathic department should be no exception to this rule and no one should be appointed to any of the distinctive chairs of this department who are not only loyal, but at the same time enthusiastic in their support of the law of *Similia Similibus Curantur.* They must know of the superiority of this underlying principle or they can never inspire their pupils with an appreciation of its merits. The representatives of the profession in this department should not only be enthusiastic believers in the efficiency of this law, but they should be men in every sense of the word; they should be scholars; they should be able to inspire confidence by their very presence and with such a combination, the Homœopathic department of the University of Michigan might occupy a position

second to none in the ever widening circle of Homœopathic institutions.

The question is being agitated in the University of Illinois, of broadening its scope of instruction by the addition of a Department of Medicine. The profession at large would appreciate the great advantage that might come to science by the incorporation of a department of medicine under the control of the great State of Illinois and assisted by the immense clinical advantages of that "Vienna of America," Chicago; provided its policy be so broad that upon that foundation of scientific instruction which can be obtained through no other source than that of the great University, there be added opportunities for the presentation of all the different phases of medical science and an unlimited discussion of conflicting features, in short it should be designed for original investigation, a sort of parliament of medicine, to which the brightest minds of the world might be attracted. This may seem ideal, but such is the tendency of all scientific work; and we must be so thoroughly trained in the elements of scientific investigation, that we may meet the honest opinions of those who differ with us with arguments so logical and so conclusive as to carry conviction instead of being subjected to ridicule because of our ignorance; and at this point it might be well to say that the ridicule and derision hurled against the cause of Homœopathy is but the logical expression of a bigotry that is the direct off-spring of ignorance. The dynamic theory of disease is a scientific theory; it is capable of demonstration and its deduction is logical in every particular. The necessity for the application of a remedy similar in character, i.e. dynamic in character, to act with the vital force in repelling that influence or dynamic force, which has been disturbing the normal equilibrium of said vital force, is likewise capable of scientific demonstration and is consequently logical in all of its attributes. The great trouble has been in the past that we have but imperfectly understood the underlying principles of this entire law and by our extravagant statements and manifest ignorance upon this subject have thrown ourselves wide open to the charge of ignorance, fanaticism and fraud.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The local committee of arrangements, ofwhich Dr. George B Peck is Secretary, is making every effort to give this "meeting by the sea" a prestige hard to be excelled.

Acting upon the old adage "That all work and no play makes Jack a dull boy," they are arranging for a series of very enjoyable recreations for those who do not care to put in their entire time in the sessions of the Institute and these arrangements undoubtedly will draw many physicians and their families to this ideal resort, who in the past have held aloof from the meetings of the Institute. It seems a wise policy for those having the arrangements of the Institute in all of its departments in hand to provide a program, so attractive in its general make-up, that the profession will want to go and taste of its reality.

Every moment of the time set aside for these sessions should be so arranged as to be filled with pleasure; and the transportation committee are hard at work securing an attractive route whereby all the time both going and coming may be spent in the enjoyable meeting of old friends and the making of new ones. Undoubtedly there will be two special trains leaving Chicago upon two different lines, thoroughly equipped with every facility for filling every moment of the journey with pleasant recollections. If possible, arrangements will be made by which members may go by one route and have their choice of returning by another, instead of being compelled to go on the *Certificate plan*, and it is believed that the committee will be successful in adding this attractive feature to the long journey, some will be compelled to take.

Special attention is called to the Bulletin issued by the local committee and found elsewhere in this number in which you are reminded of the especial efforts being put forth by the Proprietor of the Ocean House, Mr. Warren F. Leland, to make the sojourn under his roof, one of great pleasure. One of the most attractive features of the Institute is the coming together of congenial spirits in happy groups in the *interim* between the meetings of the different sessions and naturally the Ocean House, being the Official Headquarters, will draw beneath its roof many of the brightest men and women in the

profession; men and woman of more than local reputation, that it would be a privilege to know and an honor to be called their friends.

HERING MEDICAL COLLEGE.

Attention is called to the announcement of the second Post Graduate Course of the Hering Medical College. They were late in getting this announcement before the profession, owing to circumstances which could not be foreseen, but the course to be given will be so practical in its nature as to supply the missing link in the education of the great majority of our Homœopathic physicians.

Every College can and should give systematic training in elementary branches, but after the foundation is laid too few Colleges give instruction in the important principles embodied in the selection of the indicated remedy and almost all, if not all of the lack of confidence in the efficiency of the law of Similia is due to ignorance upon this particular point, and it is for this reason that the Practitioner's Course in Hering Medical College is of such great importance to the physician. Make your arrangements, if possible, to be present at the first session of the course, Tuesday morning, April 2d.

DUDGEONS TRANSLATION OF THE ORGANON.

The response to our proposition to publish this translation of the Organon as a *Supplement* to the MEDICAL ADVANCE has been so great that we begin the work in April and expect to issue it in connection with the April number of the MEDICAL ADVANCE to all subscribers who have paid their subscription for the current year. A large number of the subscribers have requested us to hold back their copy until all is printed and then send the *bound* volume for the additional price of *one dollar*. The book was originally sold for *one dollar and seventy-five cents*, but all we ask is to get enough to pay the expense of publishing believing it to be the most important translation of this indispensable book to the Homœopathic physician because of the rigid adherence of the translation to the liberal statements of the great teacher, Hahnemann.

Another most important feature of this book is unusually full *appendix* in which the evolution of the original idea is

shown by a comparison of previous editions with the Fifth or last one. Much of the confusion of the past has arisen from the *liberal* translations in which the translator has sought to *give his own idea of the meaning intended by Hahnemann* instead of acting as a scribe seeking to convey the *literal* expression of the idea.

If we hear nothing to the contrary the first section of the MEDICAL ADVANCE SUPPLEMENT will be sent you in April and continue thereafter until the work is completed.

CAN YOU HELP THE WORK ALONG?

The Missouri Institute of Homœopathy at its last annual meeting appointed a committee to formulate a plan for disseminating among the people the doctrines of Homœopathy. After propositions from various sources and after carefully considering the advantages and disadvantages of each, we have concluded that our best medium is the Kansas City *Journal*, a paper with a circulation of 35,000. In the Sunday issue of this paper we have secured one column, to be devoted to the propagation of our doctrine.

To enable us to do this, we ask each Homœopathic physician to become this paper's agent this far, viz.: become personally responsible, each, for five copies of this paper every week, or form clubs of five or more. Extra copies you can handle as campaign literature in such a way as will many times repay the cost, which will be $1.50 a year. Besides this, induce each personal friend and friend of Homœopathy whom you can influence to take one or more copies. One thousand subscribers will insure the publication of these papers for one year. We believe this is our golden opportunity; the best plan ever yet devised for the purpose, and we urge you to seize the opportunity immediately and enable us to accomplish our object.

Subscribers should send their money, names and addresses to the secretary of the sub-committee, James T. Combs, M. D., 303 Deardorff Building; contributed papers, and other communications may be sent to T. H. Hudson, M. D., Chairman, 1001 Prospect Avenue, Kansas City, Mo.

THE

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Materia Medica and Therapeutics.

The lectures on Materia Medica by PROF. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

*NAJA.

J. T. KENT.

The use of Naja has extended far beyond its proving. So many of the Ophidian family present symptoms in common with it, that much has been presumed—truly so. Many characteristics run through these remedies, each remedy having its own peculiar sphere. Taken together the family present a wide range of curative action.

Mure, of Brazil, thought that the snake family presented curative powers for the healing of the nations.

In the mineral kingdom, man may find his remedy when sick, so in the vegetable and animal kingdom. It is possible that the product of the serpent may be everything needed for the healing of man. Extend this to the whole animal kingdom and it is probably so. There seems to be everything existing in one kingdom that exists in another. The lowest is the mineral, the next the vegetable, and last the animal kingdom. If we had a perfect knowledge of any one kingdom, we could probably cover the entire scope of curative possibilities. But we have only a knowledge of a few remedies in each kingdom.

*Notes from lecture at Philadelphia Post-Graduate School of Homoeopathics.

Another idea has been advanced that in any particular region, the vegetable kingdom provides all that is necessary for curing in that region. If we were acquainted with all the vegetable growths, how much we would know in comparison with what we do know! It is highly probable that there is a throwing off from the sick human race of something that is absorbed by the plants. The evils that are thrown off by man may be absorbed by the vegetable kingdom. Plants will correspond to men in the region in which they grow, if there is anything in this. In two thousand years there might be a necessity for some kind of a check upon the growth of plants. The absorption of these evils may cause them to vary in species, and if they continue to grow and each to absorb the evils from the human race, they will continue to differ. This favors evolution and explains it in a sense.

It is important to compare the symptoms of Naja with those of the other snakes. The patient is <closeness of the collar, < after sleep. There are exhaustion and trembling, trembling of the muscles. Its direction is somewhat like Lach., from left to right, i. e., the ovarian pains, the diphtheria, the joint affections go from left to right. Naja, like Lach., is <in damp weather. On inflamed surfaces it produces grayish exudations and cryptorgamic formations, exudations on ulcers. It does not partake so extensively of this character as do Lach. and Crotalus. There is only a shadow of the septic in Naja, but it is extensive in Lach. and extremely marked in Crotalus. Naja is not as subject to hemorrhage as either Lach. or Crotalus.

There is trembling of the muscles, a rheumatic diathesis, and tendency of all complaints to settle about the heart. It is used in valvular troubles of the heart, in young persons who grow up with cardiac valvular diseases. The whole trouble settled about the heart. This suggests Naja, and Naja has often cured. If the valvular trouble is congenital it can not be cured; but if not, it shows that all the disturbing forces have settled about the heart. All the symptoms have settled about the heart; Naja has this. In school boys and girls who have no symptoms this is the generic remedy for this kind of complaint. Always prescribe Naja unless guided away from it by some specific symptom.

Naja has more nervous, Lach. more septic symptoms. Naja, marked agitation without sepsis, Lach., all the nervousness with a tendency to hemorrhage and sepsis; black blood, like charred straw; dark, clotted blood.

Naja has surging of the blood upwards, like Lach.—a distressing symptom. There is marked dyspnœa, cardiac or otherwise. There is stuffing up of the chest; great rawness of the trachea and larynx, the whole passage is raw as if excoriated.

There is much sneezing, with running of water from the nose; inability to lie down at night; dryness of the air passages of the nose; hay fever. The patient has suffocative attacks in August.

The whole chest is in a state of congestion; emptiness of the left side of the chest; low pulse or intermittent pulse. With all the complaints of the chest there is inability to lie on the left side. Numbness of the left arm. There is dyspnœa; if he goes to sleep, he wakes up suffocating, gasping, choking or he starts from his sleep as if from a dream. In most complaints there is inability to lie on the left side. So many of the complaints have settled about the heart; the heart has taken more than its share of complaints.

There is a dry, hacking cough with sweating in the palms of the hands that is cured by Naja. These cardiac cases are often attended by a dry, hacking cough, a cough with every little exertion. It is not a catarrhal state, nor is it tubercular. The heart beats slowly and will not be urged to work, and a cough comes on from exertion. Cactus also has a dreadful cardiac cough.

The extremeties are cold and blue and the head hot. The head symptoms are $<$ in a warm room; the head feels warm, fevered, yet the feet and limbs do not become warm. There is copious sweating of the hands and feet, causing the gloves and shoes to rot out; but the sweat is not offensive. There is a sense of fullness and puffiness of the hands and feet, showing a slow circulation in the veins which we might expect.

We might naturally expect that this patient would be intense and excitable, which is the case. There is a suicidal tendency.

The headaches are nondescript; of a congestive character all

over the head, especially in the occiput. Headaches accompanied by a quick and nervous pulse.

Profound sleep is consistent with all the snakes—they sleep like a log, like dead folks. There is deep, profound sleep with stertorous breathing.

She wakes with a headache every morning. It is natural for the Naja headache to be present in the morning and wear off with exertion. The other complaints are <exertion. The mind symptoms are <exertion of the mind.

These are symptoms in connection with hay fever: The rawness in the throat and larynx; dreadful aching in the throat extending to the larynx, which swallowing does not relieve. The Lach. state is expressed more by a lump in the throat; grasping of the throat with a sense of choking.

The Naja patient is subject to severe attacks of bronchitis. There is rawness between the larynx and trachea, <after coughing.

This is a great remedy in asthma, especially cardiac asthma. The breathing is so bad that he cannot lie down.

Useful in chronic nervous palpitation; palpitation after exertion of any kind. Chronic nervous palpitation with inability to speak on account of choking.

There is a continued, dull, aching pain through the back between the shoulders, associated with cardiac affections. Sometimes there is little beside this sensation of heat, of aching, to indicate the remedy; he is so tired in that spot that he wants to lie down or lean backwards to rest his back.

The palpitation is <lying on the left side, <walking.

This is the most useful of all the remedies we have in a cardiac state with very few symptoms. It is true that this region is particularly singled out by Naja to produce its symptoms.

Naja needs further proving; it is a grand remedy; but this is not the age of provers. C. L. O.

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*ALETRIS FARINOSA.

C. L. OLDS, M. D., H. M.

This is one of the most bitter substances known, in its crude state—more bitter than aloe or wormwood—exceedingly bitter. It is used in the Old School as a cordial, a tonic, especially in

*Notes from Lecture at Philadelphia Post-Graduate School of Homoeopathics.

diseases of women. We find from the proving that it is useful in diseases of women—in fact, that is about all that it is used for. We do not use this or any other remedy as a tonic; we do not say it will tone up the stomach or the bladder or the uterus; but we prescribe for the patient on the symptoms.

Aletris is most useful in the complaints of women—weak, debilitated women, who have lost much blood, are subject to hemorrhages, apt to abort frequently. The woman has a pale, sickly, chlorotic face, is tired all the time, wants to do nothing but rest—so tired. The mind is so tired she can not think, the body is tired. Abortion comes on from the slightest cause—there is a great tendency to abort. One symptom is that of a feeling of weight in the region of the uterus. The uterus feels as if it would fall out. As soon as abortion comes on there is much bleeding. The uterus may fill up with dark clots of blood—then these will gush out, and this copious flow is followed by oozing, oozing, for a time until the uterus again fills up and clots gush out. Everything points to the weak condition of the pelvic organs.

The remedy is useful in menorrhagia with these symptoms, in these debilitated subjects. The menses are too early, too profuse. Gushes of blood are followed by oozings—the uterus fills up with black clots and occasionally gushes forth and again oozes. There is a weak condition of the uterus.

Chlorotic girls have amenorrhoea, with this general weak condition, weariness of mind and body, lassitude, bearing down pains in the pelvic regions, The menses do not appear, but she has leucorrhoea. There may be a bruised pain in the right ovary.

Aletris is useful in prolapsus uteri from relaxed condition of the ligaments, with general symptoms like the above.

The digestive tract also seems to be in a relaxed condition. The least food causes distress. She takes food into the stomach and it makes her deathly sick. She vomits bilious matter, or an hour after eating vomits a frothy white substance. There may be frothy eructations.

In the rectum we find a sort of paretic condition. The rectum loads up with fæces. The stool when passed is large and hard, and is passed with great difficulty. There is terrible

pain in the rectum. She presses and presses—it seems as if she never could have a stool.

So you see in this remedy a relaxed, tired-out patient; one that would like to rest all the time, one that is always weary, that does not want to think. The whole patient, both mentally and physically, is in a relaxed, tired-out condition. M. J. O.

MEDORRHINUM.

STUDY OF THE MATERIA MEDICA CLUB OF SYRACUSE, PREPARED BY S. L. G. L.

Medorrhinum is a remedy essentially chronic in its nature, and similar to diseases assuming a chronic form. It is most properly used in such acute affections as arise from the exacerbation of a chronic miasm, and usually the miasm will prove to be sycotic.

Medorrhinum is prepared from gonorrhœal virus, has been incompletely proved, and had many pathogenetic and clinical symptoms verified. Thuja is the typical anti-sycotic, producing symptoms largely covering all conditions that may arise in such a patient. Medorrhinum like Psorinum in Psora, goes deeper into the life centres, and when it is fully and carefully known, will help in the cure of many cases hitherto beyond aid.

Medorrhinum is an anti-sycotic. We are often asked what is an anti-sycotic, psoric, syphilitic, and many, even of the profession, misunderstand the terms. All that the use of the affix anti means in relation to a remedy is this:—it indicates its power to restore manifestations before existing, suppressed by treatment, or changed through the natural progress of the disease. When this power has been frequently verified in a remedy, it is called anti-sycotic, psoric, or syphilitic, according to the miasm in which it has most frequently exhibited its power. Medorrhinum has many times restored such suppressed conditions.

Mentally its symptoms are strong and peculiar, and well worth our study. Like Thuja it is extremely forgetful. In comparing them let us confine ourselves to such symptoms as have been most frequently verified.

MEDORRHINUM.	THUJA.
*Great weakness of memory.	Forgetfulness for half an hour after walking, could scarcely collect senses. Unable to go on with dressing, constantly needs reminding.
*Entirely forgot what had been read, even previous line.	
*Forgetful of names, later words, and initial letters.	
*Cannot remember names; has to ask name of most intimate friend; forgets her own.	*Makes mistakes in talking, writing and looking. In reading and writing uses wrong expressions, and omits words and syllables.
Cannot spell right; wonders how "how" is spelled; (verified by S. L. G. L).	
Think words in a letter look queer, and are spelled wrong. (Verified by S. L. G. L).	Inability to finish a sentence, in spite of every effort of memory. Cannot think, talks slowly, as if hunting up words; uses wrong words.
*Loses constantly the thread of talk. Seems to herself to make wrong statements, because she does not know what to say next, begins all right, but does not know how to finish.	
Loses herself in stating symptoms, and must be asked over again.	
Thinks some one is behind her, hears whispering; thinks people come into room, look at her, and whisper "come."	Feels that strange persons are at her side; talks of being under the influence of a superior being.
*Sees people, large people, in her room. Sees large rats running, feels a delicate hand smoothing head from front to back.	Neither sees, hears nor feels invisible persons.
*Perfectly hopeless of recovery like all the nosodes.	*Loathing of life; tired of life; as if she cannot exist any longer.
*Sensation as if all life were unreal, like a dream. (Verified by S. L. G. L).	Desponding, dissatisfied shunning everybody.
Wild, desperate feeling as of incipient insanity.	
Cannot speak without crying.	Cannot be spoken to without crying.
Suicidal; takes pistol, is prevented.	Wants to jump out of the window is so desperate.
*In great hurry; in such hurry when at work as to get fatigued.	Disinclination to work.

MEDORRHINUM.	THUJA.
*Anticipates occurrences, sensitively, generally correctly.	
*Anticipates death, everything startles her, news seems to touch her heart before she hears it.	
Wakes early, frightened, as if something dreadful had happened; could rest in bed no longer.	

We discover at once the deeper significance of the mental symptoms of Medorrhinum, the deeper physical disturbance. It has greater apprehensiveness, forgetfulness, clairvoyance, abberation, and is more suicidal than Thuja. The symptoms indicate greater brain irritation.

The vertigo has fear of falling; is <by motion; always wakes with it; the attacks are sudden, and several times daily.

There is much aching and exhaustion in occiput and medulla, with a burning glow that extends from the cerebellum down the spine, pointing to its usefulness in cerebro-spinal congestion. There is aching with sharp pain on motion in occiput, and between scapulæ. A tensive drawing pain holding the shoulders tightly back, as in deeper inflammation of the cord. There is intense cerebral suffering, causing rubbing and rolling of the head in the pillow, as in brain affections. There is tension as of cords in the head, as of a band about the forehead, pointing to cerebral inflammation; terrible pains in the head, followed by pains in the sacrum and feet. There is great weight and pressure in the vertex. A chronic headache of long standing, was cured by Medorrhinum, because of the simility of this symptom of weight and pressure in the vertex. While Medorrhinum feels as though the brain would come through the forehead, Thuja has a deeply inward pressing pain. Medorrhinum has tension in head as if she would go crazy, could neither read nor use her brain. The hair is lusterless, crispy, electrical dry, and will not remain brushed. There is intense itching of the scalp; profuse dandruff.

In the eyes, pulling; blurring; flickering; diplopia; sees objects smaller; sees imaginary objects.

There is verification of the sensations of staring and pro-

trusion of the eyes; aching balls during heat in the vertex, with a tendency to close them; neuralgia in eye-balls; all of the symptoms of ophthalmia, with a sensation of wind blowing in the eyes; ptosis; swelling of the upper lids.

Of the sensations in the ear the strongest refers to deafness, partial or transient, with pulsations.

The itching in the nose, coldness of the end of nose, obstruction of nose as if mucous membrane was hypertrophied, has been verified by S. L. G. L.

The great pallor, greenish yellow color of the face, is not a symptom, but a condition of sycosis, and shows the usefulness of this nosode in that miasm.

Medorrhinum has the coppery taste in the mouth, and the eructations of sulphuretted hydrogen, but Thuja tastes it; ("rotten eggs"). Medorrhinum has tongue coated brown and thick, etc. Thuja has burning and redness of the tip; both have blister in mouth, ulcers on tongue, and Thuja has varicosities under the tongue with excess of venosity in mouth and throat. Medorrhinum is so thirsty that she even dreams of drinking, and Lilienthal has discovered a craving for warm drinks. Medorrhinum has a great craving for sweets, and Berridge accredits it with <from the same with eight other remedies.

In fact there are all the signs of degeneration of the tissues of stomach, mouth and throat, expected in the worst forms of dyspepsia. It has the coffee-ground vomiting with pain in stomach or epigastrium, extending through to the lumbar region, as in perforating ulcer of the stomach; it has gastralgia; it has gnawing pains in the stomach not >by eating; it has craving for salt, and the >of the throat by salt water bathing, showing its sycotic sphere. Sycosis is always benefitted at the sea-shore.

The violent grasping pains in the liver and spleen have been frequently verified. Clinical symptoms of burning pains and heat in the right hypochondria, extending to the right shoulder and elbow; throbbing and thumping just below the fifth rib in the right side, creeping chills in the region of the right kidney, show its wonderful sphere in inflammation and congestions of the liver. The radiation of pains to different points from the liver reminds us of what we are taught to expect of Berberis.

The verified pains in the abdomen, refer to the epigastric

region, and have been described. Clinical observations of ascites, with great distension and scant urine; the preference of the pains, tumors and complaints, for the right side of the abdomen are striking. The left inguinal glands are slightly swollen. The stool varies from white to black like Leptandrum. Its diarrhœa is thin, scant, with darting, tearing pains coming on at stool, and is followed by exhaustion, and mild cramp in left calf. Profuse, bloody, clotted stools, are followed by shivering. Can only pass stool by leaning far back; is likened by Berridge to Causticum, that can only pass stool while standing, the latter symptom he records as also having been cured by Alumen. The stools may be also profuse of blood and pus; tenacious, clay-like, sluggish or ball-like. Medorrhinum has fetid moisture oozing from the anus with an odor of fish brine like Calc-c.

The verified symptoms of the urine are that it is dark, of strong odor, with a greasy pellicle upon the surface of the deposit; profuse; involuntary. The peculiar symptoms are weakness, fainting, coldness and shivering, after urination; rectal tenesmus during urination.

There are abundant symptoms pertaining to the renal regions; of renal colic, of the sensation of calculi; of a bubbling sensation in the right kidney (right side again), observed during the progress of an abscess in the liver. The pains in the renal region are relieved by profuse urination, like Lycopodium. The flow is slow; at times taking a half hour to empty the bladder, and may be intermittent. Chilliness when the bladder is too full.

In the male sexual organs we find the nocturnal emissions followed by weakness and miserable feelings all the next day like Sepia.

The peculiarities of the emission is found in the fact that they may be watery, or mucilaginous; in the latter condition they are too thick to pour, and voided with difficulty.

Impotence is many times verified.

There is the usual soreness and burning of the meatus pertaining to gonorrhœa.

The gonorrhœal flow is thin, transparent, mixed with white mucus, and stains the linen yellow or yellow brown; the urine stains the linen a dirty brown with slow discharge; the puru-

lent discharge in gonorrhœa is yellow. There is evidence of herpes preputialis, and ulceration of the mucous membrane of the parts.

In the female sexual organs we find sensations of distension in the left ovary, as though it would burst if pressed upon, intense heat, severe aching, with downward pulling pains and soreness, <by pressure, *with a desire to press.* We again find the bubbling sensation; it is here referred to the right ovary.

Intense, excruciating, cutting, neuralgic pains, extend downward through ovaries and uterus, forcing tears and groans, and occupying the whole pelvic region.

The menses may be dark, profuse, bright, stains difficult to wash out; bearing down pains with intense menstrual colic; menses followed by intense sexual desire; menses followed by paroxysms of neuralgia in the head. The breasts are pecularly sensitive, the nipples sore, and bleed freely.

Verified in rêlation to the larynx is the symptom of great dryness of the epiglottis, very annoying, with pain during deglutition; great hoarseness.

Hoarseness <by continued use of the voice has been frequently verified (by S. L. G. L.) as sycotic.

The proving has brought out choking caused by weakness or spasm of the glottis, >by lying on the face and protruding the tongue; <of the choking at night; elongation of the palate; soreness of the larynx; bronchial catarrh.

The provings show disorders of respiration pointing to its usefulness in asthma, bronchitis, pneumonia, phthisis florida, etc., such as dyspnœa with faintness; easy inhalation, difficult exhalation, it being almost impossible to expel the air; hot breath, even through the nose; after a deep inspiration piping and croaking in the bronchia.

The cough is dry, incessant, barking, hollow, wakes her as she is falling asleep; is <at night; on lying down; from sweets; and upon entering a warm room; is relieved by lying upon the stomach, (verified by B.) The expectoration is difficult and tenacious.

It has great oppression of the chest, especially the left, and wakens gasping because of it. The chest is bruised with sore sensation to the touch; is <from cold; has stitching pains at the bottom of the right lung, like Kali-bi. and Bryonia, and ten-

dency to take long breaths, which we have seen, before, are difficult of expulsion. The fatigue of the lungs after talking has been frequently proved to be a sycotic condition. There is extreme heat in the left chest, with hot darts from apex to to lower back, red hot. The pains in the thorax seem to be as prominently LEFT, as the lower trunk or abdominal cavity seems to be right sided.

We find difficulty of breathing because of oppression of the heart as well as the lungs. We find the heart feeling hot like left chest, and large, almost to bursting, with fluttering, palpitation and heavy throbbing; there are sharp pains; pains extending to the left arm; pains radiating from the heart over the left chest, <by movement, the burning in the heart at times goes to the back and left arm. There is pain beginning under the left scapulæ, extending down the left arm to little finger, with pricking as if finger were asleep. There is an empty feeling, as of a cavity where the heart should be.

The drawing in the cords of the neck with desire to throw the head back resembles Thuja. Soreness and pain in the cervical spine, preventing sleep, >by throwing the head back, has been cured with Thuja. The young man so cured, had first been strained through carrying a number of bank ledgers from the vaults to the office daily for some months. The pain had lasted a year or two, and he was quite unable to work. He was not sycotic.

We find spasms of the sterno-mastoid muscle fixing the chin firmly to the chest, (did the prover mean spasm or contraction?) The pain straight through from left to right shoulder has been frequently verified. There is great soreness of the vertebræ extending the length of the spine, especially pronounced in the lumbar region; there are many and violent pains in the region of the kidneys. Many of the prominent and severe spinal lesions have been described with the cerebral.

Affecting the extremities we may expect to find all the rheumatic (?) pains of suppressed gonorrhœa. It is peculiar in its attack of the upper left and lower right in the burning heat, with desire to be fanned, while objectively the flesh is cold to the touch like Secale. It is peculiar in the cold numbness of the external fore-arm (left), and in the hot numbness of the hands, with inability to hold even a paper for any length of

time; there is puffy swelling of the affected joints, especially small joints of hands and feet. Cracking of the joints is peculiarly sycotic. We find it referred to the elbows in Medorrhinum. Another symptom (verified by S. L. G. L.) as sycotic is the transverse depression of the nails, as if bent. They seemed to have been checked in their growth for a time, and then started up rapidly. Contractions of the muscles are peculiarly sycotic. We find it in Medorrhinum referred to the muscles of the left knee and possibly the sterno-cleido before mentioned. Heaviness, trembling, numbness, characterize some of its features. There is a peculiarity of sycosis, here worth mention:—the restlessness is so great she can only control by holding herself perfectly tense; if she "lets go" she is utterly beyond control. In Medorrhinum we find recorded "restlessness, cannot keep still, greatly relieved by clutching the hands." "Aching pain in the legs, with inability to keep them still in bed, <when giving up control of himself, as when trying to sleep." A patient once expressed that symptom to me, causing me to inquire of the husband for verification of my suspision. He had married her while he was sycotic, and was greatly surprised that it had been found out simply through the expression of the disease. Perhaps it would do no harm to say that almost all the sycotic symptoms are allayed, and after a period of nine years of married life, she has borne an apparently healthy child.

The soreness of the soles causing the patient to walk on the knees; the soreness of the soles on first stepping on the feet in the morning are quite familiar. Medorrhinum has <of the pains in the legs during a thunder storm adding one more remedy to the list of sixteen affected by a thunder storm; the pains are <by stretching. The cramp or knotting in the calves is >by stretching.

Medorrhinum has intense nervous sensibility <by touch, startled at the slightest sound; is tremulous; restless; faint; has formication; spasms; and collapse. In the collapse he throws off the covers, is cold, pulseless, with cold perspiration, and wants to be fanned all the time; he wants more air, like Carbo-veg; (verified by Berridge). Sycosis has much more agonizing neuralgias than either syphilis or psora. Medorrhinum may be sleepless until almost morning, with active, fatigue-

ing, exhausting dreams, or have splendid sleep with disturbances confined to day time. She also dreams of ghosts like Carbo-veg. and dead people like Thuja.

There is marked <of all symptoms from daylight to sunset. Syphillinum is markedly <from sunset till sunrise. Medorrhinum patients are more cheerful in the evening.

The Medorrhinum patient like sycotics in general, are better near the sea-shore, while the syphilitic is <near the shore, and >in the mountainous regions.

Medorrhinum "has hair on the arms from the elbows, very thick;" "very thick, long hair on the legs from the knees down" compare Thuja (Berridge).

Dr. J. H. Allen reports a *scirrhus uteri et rectum* in a woman of forty-two years, consequent upon many years of suffering after a suppressed leucorrhœa, perfectly cured after the restoration of the leucorrhœa with Medorrhinum.

Case 1—Neuralgic headache, in left temple and around middle of cranium, at times terribly severe with a sensation of great weight and pressure in the vertex. This has lasted twenty-four hours, and is gradually increasing in violence. One dose of Medorrhinum^{cmm} dry on the tongue, the pain vanished in thirty minutes, and did not return. Hitherto treatment had failed.

Case 2—A case of chronic rheumatism was relieved and cured by Medorrhinum in which other medicines had failed. The characteristics were, deformity of finger joints, larger, puffy knuckles, swelling, stiffness and pain of both ankles, great tenderness of heels and balls of feet. The swellings of all joints affected were puffy, like wind galls. It was an old, chronic case, in a maiden lady where no suspicion of sycotic poisoning could exist. A long line of ancestors suffered from *rheumatism* and *gout*. (W. P. Wesselhœft.)

Case 3—A case of membranous dysmenorrhea. Menstruation was accompanied by terrible pains of a grinding character. Flow scanty, and on the second day there passed a firmly organized membrane. The mental symptoms were a constant feeling as if something was behind her. She could not get away from that sensation. It was nothing definite, simply something terrible behind her, peering over her shoulder, causing her to look around anxiously. Under Medorrhinum,

I found many symptoms, including the peculiar mental symptoms, and gave it to her. The next period was without pain, and without membrane. The second period had slight pain, and passage of small pieces of membranes. Repeated the remedy, and the third period was painless again. (Close.)

CASE 4.—Asthma, cured by Medorrhinum. The peculiar symptoms were the mental condition and leucorrhœa of a fishy order. She had also a cough which kept her sitting up most of the night; the expectoration was yellow. It was cured with one dose of Medorrhinum. (J. H. Allen.)

CASE 5.—Sycotic warts cured by one does of Medorrhinum after nine months careful treatment had failed. He contracted sycotic gonorrhœa December, 1886, was nearly cured. In May, 1887, another sycotic attack with chancroids. The ulcers were all over prepuce, and as they improved the warts began to grow all over glans, back of corona, inside of prepuce and frenum; enormous seed warts; the head of penis was two or three times as large as natural size, the warts were very moist and secreted a yellowish, stinking fluid, and bled very easily, the odor being very perceptible in a room with him, but his general health was much improved. From May 26th, he had many medicines, but got no better. Dr. W. P. Wesselhœft advised Medorrhinum, gave ^{cm}. In a week he was better, discharge and odor gone. In two weeks the warts were two-thirds gone, in six weeks were entirely gone. (J. H. Allen).

"Many severe cases of asthma, the result of suppressed gonorrhœa, are speedily cured by Medorrhinum, and the symptoms of gonorrhœa brought out. Epithelioma, phthisis, cauliflower excrescences, sterility, and erosions have been traced by me to a sycotic origin; pernicious anemia, often has gonorrhœa as its basis; suppressed gonorrhoea may produce iritis; syphilis produces it without suppression.

Gonorrhœal rheumatism, of the wrists and ankles with complete loss of power in the part affected; if in the ankle, was unable to walk; if in the wrist it had to be carried in a sling. Sycotic children (so born) when one or both parents have gonorrhœa, have cholera infantum, marasmus and are pining children.

Sequellæ of acute rheumatism in a man of sixty, walks leaning on a cane, bent over, muffled in wraps to the ears, looking

like a broken down old man, apparently soon to fall into the grave. Medorrhinum ^{cmm} and ^{mmm} were given, and he gained in flesh from 140 to 212 lbs. after this treatment. He engaged in active business, as he felt he wanted it; *perfectly cured.*

Pain like rheumatism along the whole right side, right hip, left leg, (upper right, lower left). Pains drawing, worse in dampness; left leg swelled near knee. Gonorrhœal rheumatism. Nœggerath says, "latent gonorrhœa in husband may cause in wife acute and chronic perimetritis, metritis, oophoritis; if impregnation results, abortion follows, or only one child is born; exceptionally two or three."—Kent.

Medorrhinum does no more than another remedy when it is not indicated. It is capable of curing its own peculiar phases of sycosis when applied, but the Homœopathician seeks the reason, the simility, that he, by repeated verifications may be able to cure with this medicine, cases that no other drug can cure.

POST-PARTUM HÆMORRHAGE.

J. HALL, M. D , VICTORIA, B. C.

I see in the MEDICAL ADVANCE for January, 1895, a very good article on this momentous subject by Dr. J. K. Mulholland; of Newark, N. J., in which he dwells on his own experience in those terrible dilemmas—somewhat calling in question the resort to remedies, as not supplying the necessary prompt action then so much needed, and the absence of symptoms in these uncommon cases, seeming to justify the doubt that medicine will not meet their emergency. Certainly, no one can overestimate the gravity and danger of such events, but the recent remark of Dr. Kent in one of his excellent lectures—copied in the ADVANCE—that the peculiarities and physiognomy of every patient should be well understood, wisely adding that he (Dr. Kent) was unwilling to take the responsibility of labour, unless he had previously become acquainted somewhat with the patient, meaning to impress fully upon our minds the value of such knowledge, enabling us to meet conditions promptly which would be impossible with any certainty of success on any other ground. And having had some personal experience in that line during a long practice in Toronto, I shall venture to introduce such cases, though I think they have been

promulgated in some Medical Journal during my earlier life; but as that rare affection is being again alluded to, and especially as there are younger men who may not be at home on the subject, shall refer to them again, throwing in my mite even if by repetition, *for I am strongly of the opinion that our remedies —particularly the high potencies*—will meet every possible condition provided we are familiar with their action. It is with a view that this phase of disorder may be thoroughly discussed the following paper has been written.

My first and second experience was on the same woman, of rather dark hair, somewhat full habits, medium stature, quiet, and bearing pain patiently; somewhat slow in movements—whether inclined to heat or cold not remembered. She had passed through her labour satisfactorily, the placenta coming away without traction, and no ergot or any other drug given—everything looking so well that I had determined some half-hour after delivery on leaving for home, when suddenly, observing *great paleness of the face*, and feeling beneath the clothes found her flowing profusely *with intense nausea.* I at once gave her Ipecac^{cc} every five minutes. There being no time to send for aid, nor even to dissolve the pellets, I stood over her, giving her the medicine, using no pressure. The third dose stopped the flow as if by magic, beyond which she had no other or more medicine and made a rapid recovery.

My second case was on the same woman as before said, with exactly the same time and symptoms, the flooding occurring some half-hour after delivery. It was terribly severe, so that I could not avoid anxiety notwithstanding my former results. She had also Ipecac^{cc} dry every five minutes and required only three doses, when the flow ceased, and she also made a good recovery.

The third case—happily all I had—was also very much of the same temperament and the flooding came on like the other, after a good delivery, say half an hour after labour. It like the others was terribly severe and dangerous, but *no nausea.* I determined on Ipecac^{1m} (Fincke) giving it dry as before—from real necessity—every five minutes, waiting with some trepidation its action. The third dose effectually controlled the flow and all bad symptoms, after which she rapidly recovered.

These three cases tend to show the wonderful effects of *the* remedy and the allusion to Ipecac by Dr. Mulholland would seem to sustain it as having a wide sphere of action in these ailments.

I was intending, when this paper was begun, to give the characteristics of some other remedies, but will only allude to one—leaving to abler men, such as have become masters in Homœopathy, that work, with the hope that this subject will not be dropped till all are familiar with the remedies.

The medicine alluded to is Secale which has been painfully abused by allopaths to hasten delivery, ignorant that what causes contractions will often, as a secondary effect, induce an enlarged womb to relax, and*as a consequence* perilous flooding; too often unknown as to the cause, but if it has been given before the Homœopathic doctor is called—frequently too late. *I am inclined to think* that the sudden action of the uterus in opening out and copiously discharging its blood may be most speedily counteracted by a very high potency of the same remedy, say every five minutes, till that has—if possible—been effected.

NEBRASKA.—The state board of health is composed of the governor, attorney general and superintendent of public instruction; the governor is ex-officio chairman of the board. The board is assisted by four "secretaries," selected by the members of the board. The secretaries are physicians, two of whom are regulars and one each from the homoeopathic and electric schools. This board passes upon the diplomas of applicants and issues certificates of qualification. The certificate must be recorded, within sixty days, in the office of the clerk of the county in which applicant lives. The applicant must be a graduate of a reputable medical college, requiring a preliminary examination and three full courses of lectures of six months each before granting the degree M. D., since 1891. —*Minneapolis Homœopathy Magazine.*

Ophthalmology, Otology and Laryngology.

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In the future send all Clinical verifications of Eye, Ear and Throat Symptoms to the above address.

CONGENITAL CONDITION OF STAMMERING CURED

BY CORRECTING AN REFRACTIVE EYE ERROR, PERCEIVED AND AIDED BY THE USE OF THE SIMILIMUM, WHILE TREATING AN ACUTE MENTAL DISORDER.

The organ of voice, the larnyx, in which is situated the vocal cords, is made up of nine cartilages, connected together by ligaments, and moved by numerous muscles, which are supplied by three sources of nerve tissue, viz: the superior laryngeal, furnished to the mucous membrane and crico-thyroid muscles, and the inferior or recurrent laryngeal branches of the pneumogastric nerves, joined by filaments from the sympathetic, which supply the remaining muscles. The superior laryngeal is the nerve of sensation to the larynx; while the pneumogastric nerve supplies both motor and sensitive filaments to the parts. The nerve supply has its origin in the floor of the fourth ventricle, and from the motor part of the nedulla oblongata. Reflex irritation along the track of this supply is probably the cause of this congenital, stammering anomaly; the correction of which, by positive means, as by relieving the eye strain, etc., proves *the fact* of a reflex influence having existed. The anastomosing relationship between the eye and the glosso-pharyngeal structures is of such an intimacy as to permit the continuance of such annoying neuroses.

What organ of the body is more used and abused than is the eye; from the moment our eyes are opened in the morning till closed at night, it is busy collecting, by its refracting media, and transmitting by its nervous apparatus, to the sensorium. During our waking moments, always in motion, moving har-

moniously or inharmoniously together, either in the poetry of co-ordination or the friction of heterephoria; what wonder then that reflex nervous disorders are possible, where such anomalies exist! When order reigns in its healthful performances, the visual function is a source of as much delight and comfort as is the ill performance of it a source of suffering and discomforture. By the correction of refractive and muscular eye errors, where binocular vision is or is not maintained, a multitude of neuroses are frequently dissipated; for example, cases of migraine, cephalalgia, spinal irritation, neurasthenia, chorea, epilepsy, "mimoses," neuralgia, mental disorders, insanity, insomnia, paralysis, vertigo, melancholia, cramps and muscular spasms; in fact a multiple of neuroses, with their vitiated functions, attendant upon any organ or tissue of the body, are not infrequently dispelled by correcting eye strain. In my own practice, so far as I remember, this case is the first one of *stammering* cured by the correction of an eye defect, but I know of no reason why a cure of reflex irritation, due to a disturbance of the nerve centers, should not as often be effected in this particular expression, as in any other direction.

The case in question is that of a young man, about 28 years of age, a college graduate and a good student. During his whole life he has been a victim of the stammering condition; words being uttered, habitually, in a hesitating, faltering, jerky way, seeming to stick in the throat, and often causing sounds he did not intend to articulate; all this inability being much aggravated by shyness or fear. Although naturally a bright, energetic fellow, an excellent student, and an expert in electrical problems, his past life had been one of comparative retirement and failure, owing to the confusion and mortification attendant upon his infirmity, being unwilling to expose himself to the criticism of others. Two years ago he had charge of an electrical display, wherein much persistent effort, study and painstaking was necessary; having been obliged to apply many hours to his work, and this, with other matters, necessitated much physical strain, and mental worry. About this time he seemed to gradually lose his accustomed energy, showed an unusual aversion to society, became suspicious and irritable; developed a feeling as if a "conspiracy" existed against him, by the company

with whom he was employed; believing that everyone had turned against him, excepting his parents, from whom he was then separated in a distant part of the country; he began to harbor the thought that he might be poisoned at his meals, where he boarded, and, in consequence, suspiciously partook of his food. At this time he slept well, but as time went on, an increased apprehension grew that a *conspiracy* was developing against him, and he became more wakeful, being pursued with the one absorbing thought. His testicles became sensitive to touch, and to the pressure of the clothing, causing an aching feeling in the parts, as if having been bruised; this feeling gradually extended into a benumbed sensation, with a sense of weakness in the small of the back, all of which was aggravated by much walking. Had, by spells, a sense of increased weakness in the small of the back, extending into the thighs. Disclaimed having had any venereal disease, though he admitted having had formerly, a slight discharge from the penis. Had very painful, nocturnal, involuntary, seminal emissions, leaving a painful erection. Prescribed *Kali carb.*^{cc}. In a week after the first prescription he reported as feeling much better, so prescribed *sacc. lact.*

Improvement seemed steadily progressive for a month, and he reported much relief to all the symptoms, though he still adhered to his belief that a conspiracy had been formed against him, the exact nature of which he could not or would not fully disclose. At his next visit he reported an accession of the sense of weakness and bruised feeling in the small of the back and thighs, and an annoying condition of alternate diarrhoea and constipation had developed; intellectual efforts tired him, and his countenance had assumed a cold and gloomy appearance, with a distrustful and taciturn mean existing. Prescribed *Pulsatilla*^{cc}. Reported much improvment in a fortnight thereafter, and although the symptoms persisted in a modified form, he appeared, naturally, more talkative and communicative, and showed a less distrustful appearance and expression of countenance. Gave *sacc. lact.*

At his next call he made special complaint that his eyes troubled him more than usual, in use. On examination, I found a marked anisometropia, with simple, though great, myopic astigmatism in the right eye, and a marked, compound,

myopic astigmatism in his left; the astigmatic axes occupying different directions in each eye. Examination of the eye muscles showed orthophoria, meaning by this a state of physiological equilibrium of the extrinsic muscles of the eye, and a condition where the eyes are *exactly* co-ordinating—a most desirable association of course, and one that *excludes* a fruitful source of reflex, nervous disturbance. The following glasses were prescribed for constant use, viz:

{ R. Cyl.—175. axis 175°. }
{ L.—1.50—Cyl.—1.75. axis 5°. }

He called in a fortnight after this and reported himself "entirely well," and appeared as bright and lively as possible; in answer to my question concerning the trouble with his company, meaning as I did the "conspiracy" idea, he admitted that he might have been wrong, but "thought the company could not have been fully square with him in all ways." At this interview I noticed he talked quite fluently and easily, but thinking, probably, it was a circumstance, gave it no further notice. Four months after this his father called upon me and said: "Frank seems perfectly well, and what seems the strangest thing of all is, that he has gotten over his stuttering; this condition has, during his whole life, been the bane of his existence, and has kept him retiring and very unhappy; he now goes about with his friends and talks as steadily, as much and as easily as any of them."

This statement I have confirmed by seeing him, and one would never know by hearing him talk, that the stuttering infirmity had ever existed. Although the young man seemed much better mentally and physically, and certainly did have less trouble in using his power of articulation before his glasses were prescribed, it is a fact that restoration, in this particular, was prompt and almost immediate on beginning the use of his correction glasses. A brother of the young man has marked myopic astigmatism, but is well able to use his eyes in his studies at college, aided by the proper correction with lenses; he has never had any difficulty with his speech, however, being generally healthful and vigorous. The father has posterior and lateral spinal curvature—a condition originating in childhood—but he now considers himself perfectly healthy, and applies himself steadily to his business.

QUININE AS A CAUSE OF DEAFNESS AND ITS CURE.

ABNER G. DOWNER, PRINCETON, ILL.

In all my reading of books, medical periodicals, notes or what not on the causes of deafness, no mention is made of Quinine as an important factor. We all know that the use and abuse of Quinine by the Allopathic physicians, and the laity as well, is a fact undisputed, and that the amount of Quinine annually consumed is almost beyond belief.

The intense congestion caused by the drug on the middle ear is well known; and the temporary hardness of hearing following its use, and all the attendant unpleasant symptoms every physician knows. Still its use is kept up by physicians.

Still the people take Quinine on their own responsibility. Still they grow dull of hearing, then hard of hearing, and total inability to hear is a common history of many a case. But as stated at first no mention is made of Quinine as the cause of deafness. Please tell me why? Why?

Any physician who has had any experience in ear work knows that the history of so many cases, must lead to a conclusion that Quinine is the cause and should be held responsible for a large percentage of deafness.

Mr. B. consults you for defective hearing, and in your examination you question him as to Quinine taken by himself or prescribed by a physician. "Oh, yes! yes! Dr. C. gave me a lot of Quinine for a cold, and it seemed to hurt my ears then; later Dr. D. treated me through Grippe and of course it was Quinine again, and my hearing was worse; and when I asked about it, why my hearing was dull, he said: 'Oh, ah! it was the result of the disease.' Since then when feeling badly from a cold or any indisposition, having learned that Quinine was all the doctors gave me, I procured some and have taken it myself to save their large bills, and have noticed to my dismay my hearing has grown worse."

Now this is nearly the substance of many an answer given by a deaf patient.

In cases of Quinine deafness, the answers in the examination are about the same. Here is a typical case: Mr. M., dark, tall, strong, family history fine; age 28; good health, only occasional cold; sedentary occupation. Can find nothing, only

Quinine drugging, for minor ailments like cold, &c., &c., by physicians and himself. (The story above will apply here.) Examination by light, reveals a dry canal. Membrane pale, continuous ringing in ears. Eustachian tubes clear. Nerve tests good. I say, "Mr. M., you are deaf from Quinine." He looks incredulous; he doubts your assertion. Says he, "How can this be so when Dr. C. and Dr. D., both eminent, gave Quinine to me and I should have thought they would have known." Still he reflects and says: "I believe you are right for I know the infernal drug has hurt my ears." Here we have a sample case, and all *can*, *if they will*, recognize it.

Now the cure. What is to be done? Can anything be done? Yes, certainly, and my prescription is based on a condition only too often overlooked, and that is, to remove a condition of drug disease or drug symptoms, and the cause and effect removed if possible. I first impress on my patient that he or she is never again to take Quinine in any form under any circumstances. (Homœopaths know we have better remedies in its place). Then I give my patient a high potency, say ^{1m} Quinine dry on tongue with placebo for a month. When the month comes about I question my patient for any improvement; if there is less ringing in the ears and the faintest show of improvement, I let well enough alone and give placebo for another month, and as long as any improvement can be noted, only placebo is given. On the contrary, at the end of the first month if no relief is noted, I repeat my former prescription of Quinine ^{1m} and with placebo wait another month; again, at the end of this month still no improvement, I give Quinine ^{cm} one dose, dry on tongue as before. I shall state right here that when the ears are deaf from Quinine and the high potencies are used, the ^{1m}, ^{50m} or ^{cm}, I say with confidence founded on experience, you are going to help your patient.

Perhaps you may not get any result from the above high potencies, then what? Do not give up but give the ^{200x} and maybe down as low as ^{30x}, and gradually go higher, but do not give up. Take my word for it, this treatment has never failed me, and any one reading this statement who may smile and doubt, I say smile and doubt, buy TRY.

Strange, is it not, how the question of potency is the only discordant note in our school! This to me is a matter of ex-

perience, but the statements I have made in this paper are to me facts, and I say try them.

EYE SYMPTOMS, FROM REFLEX CAUSES.

CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

From first to last Hahenmann teaches that the totality of the symptoms must be considered in making a prescription; this applies no less to specialties than to general practice, but with the specialist the temptation to get rid of that condition of which the patient complains, and on account of which, he applies, is great, and must be resisted if he wishes to heal the sick, which as Hahnemann declares, is the sole duty of the physician; to suppress leucorrhœa at the expense of the ovaries, to suppress gonorrhœa at the expense of not only all the sexual organs, not only the whole being of the patient, but also and worst of all, of generations to be born, to suppress catarrh in the upper passages at the expense of the lower, to suppress a so-called skin disease at the expense of the whole or some special internal part, in short to do anything in the way of suppression of special symptoms without regard to the general system is not Homœopathic and therefore not scientific.

While it is undoubtedly true that remedies have especial affinity in action for certain tissues, it is also true that no remedy fails to act upon the body as a whole, just as no disease fails to affect the body as a whole, so that while the patient may present herself to the oculist complaining bitterly of her eyes there may be nothing at all the matter with them; and yet there may be even organic disease dependent on the general condition of the patient which can be reached only by applying remedies to that state.

The question whether certain conditions of the eye require mechanical treatment to prevent disaster, is still an open one and is denied by some; for instance, dilating the pupil in iritis but I am not prepared to say that it shall not be done in any or all cases; still the hope may be expressed that the time may come when we shall have such knowledge of the action of remedies that in connection with exact diagnosis we may be able to cure quickly, safely and pleasantly under strict application of the law, by means of the indicated remedy alone.

In support of the position taken, the following cases are reported:

Feb. 28, 1884.—Mrs. H.———, widow, about forty years of age, light brown hair, pug nose, high temper, quick in speech, rather stout, very penurious but always pays her bills, government clerk working much at figures, complains of weakness of eyes <at night and when reading rather than sewing; says that she does not know whether she needs to go to an oculist or not, but thought she would ask me about it as her family physician. I told her that I could not tell but I would see, so I gave her Ruta^{cc}.

March 3.—The Ruta has made the eyes<, because it was prescribed for the eyes and not the patient.

When she was sixteen years old she had typhoid fever with hæmorrhages; has bleeding from bowels now if she lifts or works hard as at house cleaning; the menses have always been scanty, come from four to ten weeks and last three days; is more fretful and constipated at that time; at all other times her bowels are regular and she has good appetite; she has a fluttering feeling in the epigastrium near noon, full feeling quickly after eating, sensation of a lump in the rectum and much thirst; for the past year she has had to favor her eyes at night and has been more easily annoyed in the office. She reports now that the right eye is sore in the muscles and about it even up to the hair, <apparently in the superior rectes, and that movement of the eyes is painful, *muscaevolitantes*; using seems to make no difference. She was now given Lycop^{200}.

March 17.—The soreness of the eyes has ceased, due probably to stopping the Ruta, but the muscæ are the same; the fluttering in the epi-gastrium and the full feeling are better but the good appetite is gone; she feels >generally, inasmuch as the peculiar Lycopodium symptoms have improved but a new symptom of the same class has appeared and especially as the patient felt >generally she was given Sac. Lac.

April 1.—The fluttering is better, not so nervons, right inner canthus itches at any time; muscæ; has turned desk now and has the light come under a desk screen; menses only one or two days over time but about the same in quantity; she perspires freely about the neck and head and is in consequence sensitive to cold; as this last was a constitutional symptom

and Lycopodium seemed indicated still and as Lycopodium follows Sulphur particularly well, she was given Sulphur[200] followed Lycopodium [200], number of doses or repetition not given in the notes.

April 10.—On the fifth Sunday she cried all day hard, since which the eyes and head have been>; the top of the head feels as if drawn upward and she sees >when pressing at the base of the brain or on the temples; she feels better generally especially in the stomach; as the aggravated condition of the eyes was produced by an external cause which was not a part of the original condition under treatment she was given Sac. Lac.

April 13.—Yesterday she could not use the eyes without pain in the region of the superior rectus muscle with drawing up into the head and twitching of the muscle. Actea rac.[30].

April 22.—The eye has been better for three or four days, although she has been working hard at figures they are only tired; muscæ> for several days <again today; the right side of roof of mouth is sore and hurts her to eat. As the eyes were better she was given Sac. Lac.

April 30.—Drops asleep at night but awakens frequently; menses on the 27th, about on time, scanty with much pain in back of legs; nervous chilly feeling; tired but sleeps not; feels as if a very little would make her cry; mouth better; poor appetite; sore spot over right ovary; no repletion, muscæ>. Pulsatilla[200]. This was a poor prescription based evidently on the mental state and scanty delaying menses; but Pulsatilla does not have constipation, and yet on

May 5—She appeared to be better, for the constipation, ovarian soreness and appetite were all better and the muscæ were not so dark; she still felt the soreness over rectus muscle when leaning head on a book (prayer book probably); the Pulsatilla was continued with Nux, to be taken if she should become constipated.

May 12.—She had been very nervous for two days, >open air, with fluttering in the epigastrium and throat and no appetite; the Nux had not been needed; the sight is better and the muscæ less. Sac. Lac. because the nervousness> in the open air was apparently an <from the Pulsatilla.

May 28.—Menses promptly on time; for three days before she was chilly and the day before there were chills up and

down back followed by sweat; soreness of right ovary three days before; flow scanty and only two days but not so dark; bowels had become constipated for which she took the Nux; yesterday had a sensation of a lump in the rectum; for the sexual and rectal symptoms she was given Sepia.[200].

July 3.—The eyes have given her no more trouble, but now the menses have not come on and she feels badly in the top of the head for which she received Actea rac.[30], which ended the whole matter.

Some one has said that remedies are the tests of diagnosis after all, and it is evident that the sexual system was responsible for the trouble in the eyes.

Miss M———, about thirty-five years old, has much trouble with her eyes and has had for years; has been under the treatment of a number of oculists with no benefit and does not want to take up Homœopathy unless there is some prospect of help; as she had experienced no relief at all I told her that probably there was nothing the matter with the eyes, that her trouble was elsewhere; when she has a bad attack of pain in the eyes there comes a spot in the external upper quadrant of the right eye which looks as though the white substance of the ball had been punched out and the place had been filled up with transparent serum; the lid must be raised in order to see it, the pain is steady but severe and at times prevents her from using them at all; she must lie down and keep still; she is more apt to have the trouble at the menstrual time; she has no suffering in the sexual system; she must wear glasses in order to do her work as a clerk.

Jan. 25, 1892.—The eyes have been aching for several days until today and she looks tired and worn. Sepia[m] one dose.

Feb. 3.—The eyes ached during the first night of the menses with the black spot; there was not much pain in the uterus; feels nervous all over; pressure in the throat. Sepia one dose and another to take before the next menses.

Feb. 19.—Aching in region of womb last night but slept; hurts to cross legs; urine too frequent yet is scanty. Sepia.

Feb. 21.—Menses today with sharp pain in uterus downward on walking; when the pain is bad there is not much flow; gone feeling in stomach with a sense of acidity; right eye a little so. Pulsatilla[68].

March 2.—The eyes have been> but she has a weak feeling before luncheon and dinner. Pulsatilla[200] followed the next day by Sulphur[200]; she took cold after that and received therefor Nux[200], and Gelseminum[200].

April 18.—She received another dose of Sepia.[200] although I have no notes of that time; still it was time for the menses and was probably given for that reason. I will say here that when the pain appeared in the uterus and left the eyes I told her that there was nothing the matter with her eyes.

June 1.—She was in a nervous state and received Ignatia followed on June 27 with Gelseminum.

After this time she had principally Sepia., Sulphur and once Ruta, the last being the only eye remedy strictly that she received; for pain in the spine from running type-writer with pain in eyes which it always brought on she received Actea rac.[30]; in the summer of 1893 she threw aside her glasses; in short she was sick and not her eyes; occasionally she has pain in the eyes now but not often and it is always secondary to other disturbances.

OHIO.—"No one who has not attended two full courses of instruction of at least twelve weeks each, and graduated from a school of medicine, either in the United States or foreign country, or who cannot produce a certificate of qualification from a state or county medical society, and is a person of good moral character, shall practice or attempt to practice" * * * When a person has continuously practiced for a period of ten years or more, hs has complied with the provisions of this chapter. Graduates from medical institutions out of the state of Ohio who wish to practice in the state are obliged to pass the tests that would be required of a graduate of an Ohio college; should he move into the state to practice, from which said graduate received the diploma, *i. e.*, a Minnesota graduate going to Ohio would have to pass an examination under the same restrictions established by the medical laws of Minnesota that the Ohio graduate would encounter if he came here to Minnesota to practice.—*Minneapolis Homœopathic Magazine*

Surgery.

MALIGNANT TUMORS AND THEIR TREATMENT.

A DIGEST OF THE PAPER READ BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF CHICAGO, BY W. S. HARVEY, M. D., MARCH 6, 1895.

Twenty thousand persons die annually from malignant diseases in the United States and the frequency of cancer has nearly doubled, in proportion to the population, in the last thirty years. While carcinomas and sarcomas form the family of malignant tumors, sarcoma is not cancerous and carcinoma, though cancer, is not sarcomatous. Sarcoma is a connective tissue tumor in which cells predominate, very vascular and prone to internal degeneration. Carcinoma, or cancer, always springs from epithelial tissue and cancers are classified according to the kind of epithelium from which they spring. Epithelioma arises from squamous epithelium, as the skin. Medullary cancer is soft, schirrhus is hard. Colloid is a term indicating a degeneration of cancer. Malignant tumors grow by proliferation of their cells which invade surrounding tissue and, even in early stages are surrounded by an invisible zone of infected tissue. Carcinoma is more prone to superficial ulceration, sarcoma to internal degeneration.

The etiology has not been positively settled, but traumatism, prolonged mechanical or chemical irritation and chronic inflammation are important factors; *there must be, however, a predisposing cause which determines the character of the tumor.* This predisposing cause will probably be found in some antecedent condition, either inherited or acquired, which lowers the vitality and resistance of normal tissues. The fact that cancer has been transferred, by inoculation, from one person to another, and from man to animals, suggests the possibility of a cancer bacillus, but its existence has not been demonstrated. The differential diagnosis is much more difficult than might be supposed from the well marked clinical course pur-

sued by malignant tumors, owing to the fact that benign tumors often simulate malignancy. Age, sex and location should be carefully considered. Carcinoma is most common between the ages of forty and sixty, malignancy is twice as common in females as in males and, in the female, the uterus and breast are most prone to the development of such growths. Sarcoma occurs mostly in early life, the average age being, according to one author, about thirty years; in the male sex, cancer exhibits a marked preference for the lower lip and tongue, while the orifices of the stomach and the flexures of the intestines are favorite sites of cancer in both sexes. Cancer springs only from epithelium, sarcoma only from connective tissue. In carcinoma the neighboring lymphatics are affected early; in sarcoma they remain unimpaired. Sarcoma attains a larger size than cancer and its development is comparatively painless, while pain is a conspicuous feature of cancer. Microscopical examination of detached specimens should always be made, when possible.

The treatment of malignant tumors is a problem not yet successfully solved; some methods of medication seem to temporarily arrest the progress of malignant disease, but I am unable to find a single reported cure, by any method of internal or external medication, where the diagnosis has been confirmed by microscopical examination. The arsenical treatment has been extensively tested, but merely retards the disease in some cases, and relieves pain. The injection of pyoktanin with methyl-blue internally seems to have proven itself merely palliative. The inoculation of erysipelas, as a curative agent in these cases, has received much attention of late. The original experiments with the erysipelas microbe cured several cases, but finally produced a fatal case of erysipelas, and so were discontinued. Latterly, however, the use of the toxines caused complete disappearance of the tumor in several cases, by fatty degeneration. Coley reports a cure of twenty per cent of sarcomas by this method, while most of the balance were benefitted; carcinomas, however, were not materially affected. The use of the caustic pastes has a legitimate place in the treatment of cancer, as a few patients will not submit to the knife. Bougard's paste is considered the most effective; after repeated applications the tumor comes away in

sloughs. The method is not radical, but removes a foul, disgusting condition, often prolongs life and, it is claimed, when applied early, sometimes effects a cure. The pain incident to the advanced stages of cancer is often unendurable; I have found Conium, Gelsemium and Salicylate of Soda valuable remedies for the alleviation of this intense pain.

As to the surgical or radical treatment of tumors, we must confess that results are not as satisfactory as we could wish, owing in many cases to the use of temporized methods until the time for operation has passed. Early and thorough extirpation is a cardinal principle and as much surrounding tissue as possible should be sacrificed in order to include the invisible zone of infection. Adjacent infected lymphatic glands should be carefully dissected out. In operating for carcinoma of the breast, the axilla should always be opened; infected glands will generally be found there. Any method of vaginal hysterectomy, therefore, which does not aim at the removal of the organ in toto, or which ignores the appendages, is unsurgical. In cancer involving the rectum or colon, a right or left colotomy will relieve the obstruction and prolong life and can be performed with little danger. Fortunately malignant tumors of the internal organs occur in only ten per cent of all malignant cases; the balance occur in more accessible locations. I believe that the most successful course of treatment is that which combines the therapeutic with the surgical; it is my custom to inoculate all post-operative cases of sarcoma with the toxines of erysipelas and to supplement the removal of carcinoma with such remedies as will tend to improve the general health of the patient.

DISCUSSION.

Dr. W. S. Harvey—"At the risk of completely exhausting your patience, I wish to exhibit a very rare pathological specimen; it is a cancer of the stomach, removed by Dr. Lukin of this city, whom I assisted in the operation. The patient is supposed to have suffered with the cancer for a year; at the time of the operation there was extreme cachexia and great emaciation. The operation consisted in the excision of the tumor and an anastomosis of the duodenum to the posterior surface of the stomach by means of the Murphy button. For a

week the patient's strength was sustained by rectal enemas, after which she was enabled to take food by the mouth and stomach. Three days ago the button came away and the patient seems on the highway to recovery. I hold in my hand the tumor, which is now contracted a good deal by alcohol; you will notice that a considerable portion of the stomach was excised with the tumor. Obstruction was nearly complete; at the time of the operation it was nearly impossible to pass a small sound through the pylorus, but I have experimented so much with the specimen that the opening has become enlarged. The operation was imperative as the stomach rejected all forms of nourishment. The cancer is very hard and, before closing the stomach, we discovered a secondary cancer of the colon, which was not molested. A word as to the Murphy button in end to end anastomosis. The button is composed of a male and female portion. In the female portion is a spring in the shape of a cup, which exercises a continuous, steady pressure upon the interposed tissue between the two portions of the button and it is by this method of pressure, atrophy, that the button loosens itself and passes out through the intestine. I have here two specially prepared specimens of intestine. The method of application is very simple. The male portion of the button is seized by a pair of forceps and held in the end of the intestine by an assistant, while a running suture is carried around the intestine and tied around the central cylinder of the button. I prefer simply to use a ligature and ligate the button in position with a piece of strong silk. The female portion is now similarly secured in the intestine, the forceps removed and the anastomosis completed by approximating the two portions of the button. The continuity of the bowel is thus restored, the button occupies the lumen of the bowel and serves as a splint to hold in apposition the opposed peritoneal surfaces until they become united by adhesive inflammation. In course of from ten to twenty days the button is dislodged and passes out through the intestines."

L. D. Rogers.—"Dr. Harvey has covered the ground so completely that little is left to be said. As to the etiology of cancer—or of malignant tumors, using the broader term—there are a number of theories; Cognheim's theory of rudimentary embryonal cells, the parasitic theory, the neurotic theory

and that of nutritive disturbances. As we look at the subject from various standpoints there are arguments in support of each theory, but, by analogy, I am inclined toward the parasitic. When we go into the etiology of tuberculosis, we find two factors always necessary. A disturbed nutrition, either from inflammation or from traumatism, is the one condition; the other is the pathogenic germ, the bacillus of tuberculosis. We cannot have tuberculosis with either of these factors alone, so, in the case of malignant tumors I do not believe that traumatism alone ever produced one; it is only one of the factors causing impaired nutrition. The nerve supply to the cells of a part may be disturbed and a condition result favorable for the development of the parasite. While it is true that we have not yet fully identified the parasite of cancer or of sarcoma, many facts point unmistakably to the parasitic origin, among which should be mentioned contagiousness, an attribute which seems now to be fairly well established.

I note that the anti-toxine treatment has been more successful in sarcomata than in carcinomata. I suppose that the marked vascularity of the former partially accounts for this fact.

The essayist might have said more about the therapeutics of epithelioma, particularly in relation to the paste or caustic treatment. It is true that this treatment has been relegated to the quacks and advertising specialists, but I am glad to note that Dr. A. R. Robinson of the New York Polyclinic has introduced a book defending this treatment and giving sound histological and pathological reasons why it is effective. He maintains that the majority of cases of skin cancer can be cured thus with less deformity and with more certainty than by the knife. With the knife we should remove not only the tumor, but a large invisibly infected zone, surrounding it; even then, a single cancer cell, lying beyond that zone, will rapidly proliferate and the cancer recurs. I should say "reappear," for, if it recurs, it was never fully removed. The point is, if we remove the growth by the knife, under antiseptic precautions, the wound heals by first intention without inflammation; if a single cell lies beyond the zone removed, it immediately proliferates and the growth reappears. By the paste method, we not only remove the tumor, and as much surround-

ing tissue as we would by the knife, but the caustic sets up an inflammation which destroys the embryonic or cancer cells lying far beyond the immediate region of the tumor, while it leaves the mature cells unaffected. It is a well established histological fact that embryonic cells succumb to any destructive agent much more readily than do the adult cells.

About ten days ago a gentleman, aged sixty-two, consulted me for an ulcerated wart-like growth, located behind the lower part of the left ear. I submit for your examination a photograph of it, taken at the time he first came to see me. The tumor was one-half of an inch across the base and a quarter of an inch raised above the surface of the surrounding skin. My diagnosis was epithelioma of the papilomatous variety. After removing the central portion of the tumor with tenaculum and scissors, for miscroscopical sections, I applied caustic potash until the microscopical portions of the tumor were completely melted away, and a zone beyond it, so that the cauterized portion was fully one inch in diameter. A violent inflammation was provoked, extending in all directions fully an inch beyond the margins of the sore produced by the potash. I expect this inflammation to destroy cancer cells located at a considerable distance from the seat of the tumor, more remote than could be reached by the knife. I would add in conclusion that the microscope verified my diagnosis of cancer, based on clinical evidence."

J. J. THOMPSON.—"The essayist made me so dizzy with his very lucid treatment of the case, that I cannot add anything to it. I wish Dr. Mitchell was here to defend his treatment. I believe I have cured several cases by following his instructions; the growths had been diagnosed as malignant by good authorities, and have not recurred. As to the erysipelas treatment, about six or eight months ago I removed what seemed to be a carcinoma, and I believe our pathologist pronounced it such. The growth was situated upon the breast, and was caused by a window falling upon the part. Soon afterward it began to develop and enlarged for something like a year and a half. I removed it, and, as the patient refused to go to a hospital, I was compelled to operate in a basement flat, and I think I shall hereafter choose basement flats for operations of this kind. I had to remove so much tissue on account

of the adhesion of the muscle—and almost to the bone—that, when I was through, I hardly dared hope I had removed it all and expected a return. Within forty-eight hours erysipelas set in. I had experienced great difficulty in drawing the flaps together, and, when the erysipelas set in, I had to remove the stitches a little before time, so the edges retracted, leaving a gaping wound, but it went on to recovery, and granulation commenced almost at once. There was axillary implication, and when we were through removing the glands it was a sorry looking axilla; I was compelled to do some skin grafting to get it to heal over, but it looks beautiful now and I think the erysipelas had much to do with it. I believe that the use of alcohol is good both for the erysipelas and for the cancer. I stood by one case and saw one of our students operate with Dr. Holbrook's curette. It was a case of cancer of the uterus when he began, but I was afraid he would reach the liver. He finally desisted, not because he had removed all the cancerous tissue, but because we dare go no further. I expected she would live about three days, but by applying alcohol on tampons—to the place where the uterus *had been*—she managed to live for nine months. I have used pure alcohol on cancerous sores, and it seemed to have a wonderful effect upon them."

CHARLES ADAMS.—"I did not have the pleasure of hearing all the paper. One or two points might be elaborated. In relation to sarcoma and carcinoma, I think, as regards surgical interference, the thorough, radical operation, complete from beginning to end, is the best treatment. I do not believe in the plaster methods; they give rise to great pain and are not as discriminating in the selection of tissue for destruction, as is the surgeon with the knife. As to outlying cells being found and destroyed by the plasters, without injury to the surrounding normal tissue, I do not believe it. Some think that the paste will destroy malignant tissue, but not healthy tissue —that's nonsense. If you put upon a tumor paste which is capable of destroying the living tumor it will also destroy the living healthy tissue in the neighborhood. As far as primary operation is concerned, it is the better plan to eradicate with the knife, and the plastic methods will leave less deformity than any other. In operations for cancer of the breast, the latest plan, and the best yet suggested, is to begin the opera-

tion in the axilla, not on the breast. Carry the dissection continuously from the axilla, taking away such portion of the pectoralis as may be necessary, together with the glands, finally bringing away the diseased tissue *en masse*. This can be done in most cases and operations of this sort are followed by a very large proportion of permanent recoveries. It is an open question as to how much of the pectoral muscle should be interfered with in this operation. If there be marked adhesion to the pectoral fascia, I believe the fascia should be removed with most of the muscle; it does not cripple the patient as much as would be supposed and may be the means of preventing the return of the cancer. As has been suggested, recurrence is an evidence of incomplete extirpation. I do not believe the same can be said for sarcoma, as I have seen sarcoma return in the center of a cicatrix five inches wide, where the original tumor had been cut out together with a large section of muscle, so that no cells would be left.

Ever since the introduction of the treatment of malignant growths by the toxines of erysipelas, there have been varying accounts of its efficacy; it seems as though it had accomplished some good results in inoperable cases. Coley, as has been said, has reported thirty-five cases of inoperable sarcoma, treated by this method, and twenty per cent have been cured; the tumor disappeared, but the method of disappearance has not been uniform. In some cases the tumor softens and sloughs away, while, in others, very large growths seem to have been absorbed. In addition to those just mentioned, there have been four cases reported by Moore, of Montana, which were successful, and one very severe case of sarcoma of the palate, pharynx and naso-pharynx reported by Dr. John son, of Paterson, N. J. Within the last three weeks I have had the opportunity of seeing the operation of the toxines in a case of diffuse sarcoma under the charge of Dr. Streeter. He operated some six weeks ago and found the abdomen full of an immense growth of sarcoma. He took away as much as was possible and had considerable difficulty with hemorrhage from what remained. The patient made a good recovery from the traumatism of the operation, but, directly after convalescence, the sarcoma began to grow. The tumor reached the umbilicus and spread the cicatrix apart until it bursted and

the abdomen began to leak an offensive discharge—not a suppuration, but a juicy discharge. He began using the toxines about two weeks ago, at my suggestion; as high as fifteen minims a day of mixed toxines of erysipelas and *bacillus prodigerosus* were given, with the result that the whole tumor has shrunk to a mass about the size of a small orange. I think the toxines have a future, in inoperable cases. I prefer the knife primarily, but where the growth returns in bad locations I should advocate the use of the toxines. There are not such favorable results from carcinoma, although some cases have been cured by the contraction of erysipelas and by inoculation; on the whole the experiment, in carcinoma, is unsatisfactory. Anything which will cure twenty per cent of inoperable cases of sarcoma, though, should be given the benefit of a thorough test."

CHARLES GATCHELL.—"I shall not contradict any of the surgeons, or hold any controversy with them upon surgical measures, as I make no pretensions to surgical knowledge. With the Mitchell method of treatment, however, I am somewhat familiar, and, from my own experience, together with what I have noted of the experience of others, leads me to believe that there is a place for this treatment. I have heard it expressed that, in all operable cases, the knife is the preferable method of cure and I shall not dispute it, as I am not a surgeon. But I do believe there is a place for the Mitchell treatment, and I think it is in those cases where the caustic treatment—so properly condemned by Surgeon Adams—is used by those partial to it. This applies it to cases of external cancer, for it has no place in the treatment of internal cancer. I have seen the treatment tried in these cases and believe it to be preferred to the caustic treatment; the relief from pain follows almost immediately. It should not be used indiscriminately, but in these selected cases it is to be preferred to the knife; it removes all cancerous tissue without harsh measures."

A. C. COWPERTHWAITE.—"I want to make a little confession concerning a treatment which I have used secretly for twenty-five years in the cure of epithelioma; I know it partakes of the quack order and that is why I have said so little about it. I have met a few men in the last four or five

years, who have heard of it, but none who had used it. With this treatment I have actually cured eighteen cases of epithelioma, where the diagnosis was unquestioned, and failed in three cases where it was impossible to apply the medicine so it would reach the affected parts. In one case, the pain resulting was so severe the patient would not use it. The cases were all epithelioma of the face. You may all have heard of it—it is the sheep sorrel treatment, which brings us again to the paste, or caustic, treatment, as it is doubtless the oxalic acid in the sorrel—or, rather, the oxalate of zinc formed by the action of the acid on the pewter—which works the cures. My mother is over eighty years old and comes of a cancerous family. About sixty years ago a case was cured in her neighborhood and she took an interest in the matter and made herself familiar with the treatment; she is still living and still uses this method. When I became a physician she tried to get me to adopt it, but I came from a college where they taught that cancer could be cured by the indicated remedy in a high potency. I tried the remedies for some years, but, with my limited judgment and capacity, failed, and took secretly to the use of the sorrel treatment. My mother prepared it and I used it, with the result I have just given. The peculiar part comes in the fact that the sorrel must be gathered while in blossom and dried in the sun on a pewter plate; any other kind of a plate will not do. We have now in our family a pewter plate which we have had for over sixty years and which, I think, has been used for no other purpose. With this treatment I have cured eighteen cases of actual epithelioma. It leaves only a slight scar where it is possible to apply the sorrel properly. Eighteen years ago I removed an epithelioma from the bridge of the nose of R. H. Allen, then of Iowa City, Ia., but now with Rand, McNally & Co., of Chicago. The scar remains, but the growth has never returned. This treatment will not apply to cases where the epithelioma cannot be covered with the paste. The dried sorrel is moistened into a paste and applied directly upon the growth; it should be changed about every twelve hours. The pain is excruciating for the first two or three days. The cure results in from two to three weeks."

Society Reports.

*HOMŒOPATHY IN VETERINARY PRACTICE.

†C. E. SAYRE, M. D., D. V. S., CHICAGO.

[The doctor deviates from the subject under consideration to trace the history of medicine down to the time when Hahnemann was led to investigate the action of drugs upon the healthy and from their results to formulate a theory capable of explaining the reason for the same; but this is so well known to the readers of the MEDICAL ADVANCE that the important portion of the paper may be entered upon at once.—EDITOR.]

The practice of Homœopathy in the veterinary profession, has been confined to unqualifed practitioners and stable men, almost exclusively. And what seemed very strange to me, was that when introduced into a stable, with very few exceptions it was always used. The following statistics, of one large stable, had considerable weight with me in deciding to investigate Homœopathy.

YEARS.	NO. OF HORSES.	NO. OF DEATHS.	PER CENT. OF LOSS.	METHOD OF TREATMENT.
1881	90	5	5½	Vet. Employed.
1882	92	5	5 4-10	Vet. Employed.
1883	92	None		Vet. Employed.
1884	104	3	2 8-10	Both Methods.
1885	106	1	9-10	Homoeopathic.
1886	112	None		"
1887	112	2	1 7-10	"
1888	120	2	1 6-10	"
1889	120	4	3 2-10	Two under Allopathic.
1890	120	2	1 6-10	1 broken back.
1891	120	1	8-10	Allopathy.
1892	120	None		Homoeopathic.
1893	130	1	8 10	"
1894	113	None		

The cases treated allopathically were taken sick away from the stable, and veterinarian called.

On examination of this table we find that the percentage of loss is greatly in favor of homœopathy. The objection to this may be raised, that there were only three years of statistics under allopathic treatment, while there are nine years of homœopathic treatment. If we take the worst three years,

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*Read before the Illinois Veterinary Association, Nov. 26, 1894.

1888, 1889 and 1890, two deaths under homœopathic treatment for each year, we find that the percentage is still greatly in favor of homœopathy, as there are but six deaths, to ten in three years under allopathic treatment. Then too, we must take into consideration, that these animals were not treated homœopathically by a professional man, but by the superintendent of the stable.

Another large stable, averaging one hundred head of horses, have treated their own stock for the past ten years, but have not kept a record of their losses, but the superintendent tells me that from memory, they have lost one to where they lost eight allopathically, and they employed one of the best veterinarians in Chicago. The superintendents of both were not believers in homœopathy when it was first used in their stables, but the loss was so much less, that they were compelled to adopt it. They are now both staunch homœopaths.

In my own practice, I have not kept any record whereby I can give any statistics. But I have certainly met with remarkable success. During the winter of 1892 and 1893 I treated twenty-nine cases of azaturia (which under allopathic treatment we expect to loose seventy-five per cent) Homœopathically and lost four. The winter of 1893 and 1894, I treated thirteen and lost none. This winter I have treated but two, and lost both. One of these, a large 1800 pound horse, laid in a stone quarry all night, and had been down twenty-four hours before I saw it. He improved considerably, and got so he could walk about for fifteen minutes at a time, but the bruising he received on the stones caused immense sloughs in his shoulders and hip, which I think was the cause of death.

For three years I have treated all cases Homœopathically with the exception of some few cases of colic which had received large doses of opium, before my arrival, when I have found in necessary to administer a cathartic, to counteract the effect of the opium. In the three years I have not found it necessary to use a trochar more than once on the same patient, except in once case, as the Homœopathic remedy prevented the further formation of gas, and all cases have been ready to work the next day (except these mentioned which had received a cathartic), as there was no drug disease to recover from. I have lost some cases, but very few, on three of these I have

Two had ruptured stomachs,

Vegetabilis are the remedies most fre-

In the proving of Colocynth, we

epigastrium, cramps in the stomach, pain

abdomen distended, tympanitis, incar-

stool accompanied by a great discharge

symptoms are to be found in nearly

Colocynth will relieve nine tenths of

gastric flatulence in which the gas is in the

reached with a trochar, the horse con-

eructations of gas, I have found that

like magic.

Carbo Vegetabilis we find, "Colic with

, abdomen distended.

was called in consultation in a case of

which seemed hopeless. The patient had

cathartics, with anodynes, but the pains

before my arrival, the attending veter-

a mixture which contained a drachm of the

Gelsemium, alcohol and some other remedy,

in an eight ounce mixture, giving one

half hour. The dose of Gelsemium in this

four minims, certainly a very small dose for

some such remark at the time, the doctor agreed

the patient seemed to be relieved more by this

thing he had given, and that he had admin-

with good results. The patient recovered.

little about it until shortly after I began the

Homœopathy. I was called one evening about six

a valuable two-year-old colt which I found lying

looking occasionally at his side, pulse 44, tem-

On inquiry I found that his bowels had not

and peristaltic movements could not be heard,

diagnosis of impaction of the colon. The next

Homœopathic remedy for the case. He had drank

twenty-four hours. Here was a good symptom,

I could think of only four remedies in which

prominent symptom. Gelsemium, Pulsatilla, Nux

Moschata and Apis, so I concluded it must be one of these. I happened to think of the case in which the small dose of Gelsemium had been given, this made me decide on Gelsemium.

I must confess that it was with some misgivings I put a few drops in a four ounce bottle, and ordered a half ounce every half hour until my return, which I did in about four hours, and found my patient up and eating hay. Before leaving I cautioned the groom to call me during the night if he showed evidence of pain. I called about 9 the next morning and found him comfortable, having eaten a bran mash, pulse 40 and no movement from the bowels. This was puzzling, as he had now gone twenty-four hours without a movement. I was strongly tempted to give a laxative and enemas, but reasoned, if the trouble is not being relieved, the pain he showed last night, would have increased, he would not eat, and the pulse would go higher instead of lower. So I concluded to let him alone. About nine that night his bowels moved naturally, and he was apparently as well as ever. This is a fair description of at least a dozen cases.

All cases of impaction do not exhibit these symptoms, but a great majority of them do. The great difficulty in treating animals Homœopathically is the lack of symptoms which are characteristic of a remedy. Frequently we have to prescribe on one or two characteristics, whereas in human practice one can always get at least three, and often a dozen symptoms which the patient can tell. It is the symptoms of the individual case on which the Homœopathist makes his prescription. It is not enough to know that a horse has pneumonia. The thirst or lack of it, the period of a day in which he is better or worse, color of nasal discharge, if any, temperament, etc., all assist in making a Homœopathic prescription.

The proving of remedies have thus far been on healthy persons. Before Homoeopathy can attain its greatest usefulness in veterinary practice, remedies will have to be proven on all of the different animals. Doubtless the symptoms are the same with many remedies, as we have found they must be in our prescribing on symptoms developed in man. But there must be some difference which may account for failures in some cases.

I have treated seven cases of tetanus that I can remember, homoeopathically, and lost one.

I have treated several cases of purpura hæmorrhagica and lost one, and could mention many more diseases, but this is sufficient.

A few more peculiar cases to be mentioned and I will close.

A black dog, of uncertain breed, was brought to me suffering from sciatic rheumatism he had had for five months. Having been under treatment by two prominent veterinarians. For a month, nothing had been done, as the case was considered hopeless. The entire right leg was greatly atrophied. I could get no symptoms at all peculiar, so I gave the lady that brought it a few powders of sugar of milk, and told her to call again in three days. I read everything I could on sciatica, and found in the proving of Dioscorea (wild Yam) "pain in the right leg, from point of exit of sciatic nerve, felt only on moving limb."

When the patient returned there was no improvement. I then gave Dioscorea and told the lady to call in a week. She reported that improvement began in four days, and he was then perfectly well. The muscles have since developed until now the leg is natural. The same lady had a small terrier that had been vomiting for several days. The only thing peculiar about it was that every time it drank it induced vomiting, and there was great thirst. This I thought was a clear case for Arsenic, for we find in proving of Arsenic, "Great thirst, vomiting aggravated by drinking cold water." I gave Arsenic, but to my surprise, was telephoned for the next day to call and see the dog which had not improved. On careful questioning, I found that the vomiting did not occur until about fifteen minutes after drinking. In the proving of phosphorus we find, "Great thirst, *vomiting of water as soon as it gets warm in the stomach.*" Phosphorus was given, and that was the last of the vomiting, as I called the next day to inquire.

One evening I was called to see an English Setter bitch, that had been in labor for fourteen hours. She was lying completely exhausted; there were occasional twitchings of the muscles of the face and body. There had been no pains for several hours. I made a digital examination but could feel nothing, as none of the pups had entered the superior straight

In the proving of Nux Vomica we find, "Twitchings of the muscles of the face, pulse imperceptible, labor pains cease." Nux was the prescription, and I told the owner I would return in about an hour with forceps. It was about an hour and a half before I returned. The owner met me smiling, saying about fifteen minutes after I left she seemed to brighten up, the pains returned, and in about half an hour the first puppy was born, and when I arrived she had five.

Hoping that what I have written will induce you to investigate Homoeopathy, before you condemn it, I will close with a quotation from Dr. Sharp.

"We are not entitled to reject anything which professes to be a *fact*, if supported by a sufficient amount of evidence, merely because it is inconsistent with our expectations, does not co-incide with our previous opinions, or is not within the limits of our former experience."*

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

ROCHESTER CLUB, ROCHESTER, N. Y., Dec. 21, 1893.

The quarterly meeting of the Central New York Homœopathic Medical Society was called to order by the President, Dr. Stephen Seward, at 11:30 a. m.

THE PRESIDENT—Fellow members of the Central New York Homoeopathic Medical Society. My gratitude for the wholly unexpected honor of the Presidency of this Society is great, and it is accepted under the protest, that you might have found among your members a far more efficient officer to fill this chair. You will kindly accept my thanks for your decision, and my best endeavors to carry out the desires of this Society, during the coming year. We will proceed with the roll call of the members.

Members present—Drs. Biegler, Schmitt, Johnson, Grant, Carr, Seward, Sayles, Leggett, A. C. Hermance, Hoard, Ross, Brownell, Graham.

Visitors present—Drs. Young, Kaiser, Chamberlain, Gillett, Bamber.

The minutes of the September meeting were read, approved and accepted by the Society.

*The small dose of Homoeopathy by Dr. Sharp.

The Secretary then pointed out the characteristic symptoms, that proved to be Homoeopathic to the cases quoted under Tuberculinum, as follows:

"It is not usual to verify provings by prescriptions made before the provings, but it would be considerable satisfaction to show that the remedy administered produced marked relief only through its homoeopathicity.

In the markedly tuberculous case cited by Dr. Dever aside from the conditions, we have the "profuse diarrhoea, always preceded by pain, nevertheless entirely without pain during the discharge." (See proving by Straten.)

In a case of my own, where there had been a fistula, lasting two years, there was clubbed nails, night sweats, weekly diarrhoea, and general run down condition, preventing the customary duties of a clergyman; the symptoms were mostly of the head.

Dull, frontal headache.
Head heavy.
Stupor and drowsiness.
Great indifference.
Everything immaterial.
Would stand or sit as if in deep thought, really stupid.
Too great an effort to answer questions.
Forgetful.
Disliked to be talked to.
No ambition.
After reading a page did not know a word had read.
Unusual irritability. (See provings by Straten.)

I would call attention also to symptoms in case 4, (see provings Dr. Straten), that were cured under Tuberculinum, and that will probably prove to be symptoms of that remedy.

The symptoms are very pronounced in the case above mentioned.

Difficult respiration.
Whizzing and dyspnoea.
Whizzing followed by cough, and expectoration of sticky, mucilagenous phlegm, that> the dyspnoea.
Expectoration ejected only after violent coughing.

In my case the dyspnoea followed, or was co-existant with a whizzing that was almost a *moaning* in the larynx, and was al-

ways <by cold air, cold, cold sheet or pillow, every or anything cold.

Five doses of Tuberculinum of varied potency, mostly 50m (F. C.,) have gained him more than twenty pounds in flesh, and a thorough belief that he will recover.

The activity of the disease process seemed localized in the brain, with symptoms of softening. The lungs were quite inactive, when examined in October. There was, nor had been, no cough except such as followed the dyspnoea. The apex of the right lung to a region just below the clavicle, was dull on percussion, and without respiratory sounds upon auscultation. He had been under the influence of Tuberculinum since April without my having had opportunity to examine, physically. All distress had been referred to the head, of which symptoms only such as verified (?) Dr. Straten's proving are given.

Dr. Schmitt then asked what magazine was the organ for publication of the transactions of this Society, among which were articles, provings and experiences, that were invaluable to this Society, and to the profession at large, and should be made easy of reference.

A discussion of some length followed as to the feasibility of the publication of a journal devoted to the interests of Society transactions, and of the financial risk of such a venture, which would be comparatively light.

Dr. Schmitt thought it would be well to appoint a committee to correspond with the various Societies upon the subject of a journal devoted to the publication of such transactions.

The subject was here dropped for the present.

Dr. Johnson, going back to the previous subject of cures made by Tuberculinum, said, that at the last meeting of the Society Dr. Straten had promised him potencies of Tuberculinum with which to make provings. He was therefore sent several potencies. Two years ago Mrs. Johnson had an attack of pneumonia from which she had not satisfactorily recovered. She remained weak, languid, without her usual vigor. At last she began to complain of a bubbling sensation in the left side, with pain, cough, and a peculiar squeaking and whizzing sound that was perfectly apparent to him and to others about her. He did not examine the lung; he did not dare, but was now sorry that he did not call some one to perform that office for him.

Her want of strength, and the general conditions caused the determination to give Tuberculinum. After he had determined to give the remedy, and while preparing the grafts that had been sent, she came into the office. Telling her of his determination he said she should "have a dose that night, but she could only smell of the bottle then," which she did. When reminded of his promise at night, and asking how she felt, she told him that the pain "had LEFT," so he withheld his dose and waited. The symptoms, wheezing, cough, pain, gradually disappeared and have never returned. The potency inhaled was that proven by Dr. Straten cm (Swan).

DR. CARR—A patient came to me, who had employed Dr. X——— six months and became impatient because he would do nothing but discuss diet, or hold a disertation upon Homœpathy, saying that one might better take no medicine than Homœopathic medicine. A dose of Nux cured in a week.

Dr. Grant sees no reason why one may not be sensitive to olfaction as a curative measure, when so many people are subject to illness by that method. Many flowers were extremely distressing to some people through their odor.

Dr. Carr reminds us of the fact of sickness caused by an especial kind of lily, in Dr. Stow.

Dr. Schmitt thinks the question of cure by olfaction was settled by Hahnemann long ago, and cites a cure of tooth-ache by smelling the cm potence of Camphor, after which he slept before his wife could return with the hot applications for which she had gone.

Dr. Graham inquired if it were a dry or moist potency, as he could understand the volatility of the latter.

Was told it was dry.

A communication was read from Dr. Hussey, expressing regret at his inability to be present.

Moved, seconded and carried that there be an adjournment until 2:00 p.m.

Meeting again called to order at 2:20 p.m.

The reading of the Organon, Section 121-140 inclusive, was done by Dr. E. V. Ross, and commented upon by Dr. T. Dwight Stow in the following paper sent to the Society.

OBSERVATIONS AND SECTIONS 121 TO 141 OF THE ORGANON.

BY T. DWIGHT STOW, M. D., MEXICO, N. Y.

Section 121—One of the strongest arguments for Homoeopathy, is the certainty of its methods. Unlike Allopathy, that rests on conjecture and unphysiological experiments upon the sick, Homoeopathy goes to the very foundation of medical science, and obtains accurate knowledge of the sphere and action of drugs, by provings upon *healthy* persons. The true Homoeopathist makes no experiments on horses, dogs, cats, etc., but gets absolute knowledge of medicinal substances for human ills, by tests upon persons. In order to be accurate, not only must the quantity, but the *quality* of drugs proven be adapted to the physical qualities, constitutional tendences, susceptibility, etc., of the person on whom provings are made. Hahnemann was the soul of care, precision and order. Section 121, teaches us as follows:

a—for the purpose of proving to select the healthiest persons;

b—to adapt the quantity to be proven, to the vigor and sensitiveness of the prover.

Section 122—This section points out the necessity of selecting drugs for proving and medicines for curing, of *known purity* and of *active quality*. To the careless use of triturations, tinctures, dilutions, etc., of questionable quality, is due much of our *ill* success. *It is of superlative importance*, that the pharmacists of our school, shall be honorable and honest, and above the contemptible tricks that corrupt the very social atmosphere. Dr. Adolph Lippe once told me that his dilutions, triturations, etc., were prepared under his personal supervision, and many of them by his own hand, in order to secure purity, activity and reliability.

Section 123—This section gives succinct directions as to the preparation of plants, and how to preserve them for future use; the time when to prepare gums or salts for use at the bedside; how to prepare dry plants just before use; and, on looking at the matter in the careful pains-taking light we ought, whether for obtaining the pathogenetic or curative effect of medicines, we see the great importance of this caution.

Section 124—Teaches us to use but one medicinal substance

at once; not to add anything heterogeneous; nor to use any other medicine on the same day, much less on those that follow. All this care is to be used that we may get a *true* and *reliable*, *unadulterated* symptomatology. How, otherwise, could we obtain accurate, reliable knowledge of the qualities of drugs?

Section 125—Teaches the importance of making the food taken, plain and moderate that it may not produce symptoms. So, all spices, green vegetables, roots, salads, soups and herbs, are forbidden, because they excite symptoms, and confuse the record.

Section 126—The prover should scrupulously avoid any *labor* of mind and body; excesses, debauches, etc., and he or she ought not to have any business care or perplexity, but should confine his or her attention to the changes and to the sensations that arise within or without, and should have unimpaired judgment, that he or she may *clearly record* all the sensations they experience.

Section 127—Difference of sex, call for the proving of drugs upon women, as well as upon men. This is true psycologically and physiologically. Dr. Carrol Dunham long ago pointed out "a weak spot in our Materia Medica," on page 347 of his excellent work "Homoeopathy the Science of Therapeutics." We are, in our sphere, leaders of thought, and try at least to be the van of therapeutical knowledge. Therefore, we have a great duty to perform, and that soon, in establishing a Woman's Prover's Association for the United States. It may be better to refer this matter to the I. H. A., urging the importance of the work.

Section 128—Despite the wrangling of this last twenty or thirty years, Hahnemann saw the necessity of proving dilutions—certainly high as the 30th centessimal—on the healthy. Had he lived today, he would doubtless have recommended the proving of still higher powers. He very reasonably argued that "crude doses do not for a long time display the full extent of the virtues that lie concealed within them." That trituration and agitation develop their latent powers. Even the so considered "weak medicines," are found to be better understood, more active—even incredibly so— if further diluted in water, and administered, fasting every morning for several

days. Anyone who carefully considers this subject must conclude that crude forms act upon living tissues by their superfices; that much time must be consumed before the whole mass can expend its force; that such medicinal action often in a sort of revolutionary or chemical way, excites catharsis or emesis, diaphoresis, diuresis, defeats the object in view, and prevents the development of the finer and subtile qualities of the drug, and the finer expressions of nature vitally disturbed.

Section 129—Shows the necessity of repeating the dose of proved drug when the effect seems to be weak. Some persons are so constituted as not to be susceptible to one or two doses so require cumulative force to impress them. There seems to be something queer in the fact, that people strong and robust, are so often easily influenced by potentized remedies, or by small doses while it as often occurs that persons of weak organization resist, or are not easily influenced by sensible quantities. This is possibly due to the good health, the normal condition of the first, the whole organism being equipoised, sensitive, alert, while the weakness of the other renders him less acute of sensation, blunted as to his vitality, and reactive power.

Section 130—We are to learn by this section the necessity —when practicable—of selecting provers endowed with healthy and keen sensibilities yet with discriminative power, in order to obtain not only a full proving, but one easily recognized and thoroughly recorded. A dull, stolid, unimpressionable person, might be able to recognize objective signs and the coarser sensations, but not the finer ones. The duration of action of a drug is to be learned by repeated experiences, and as each experiment would be likely to develop new symptoms the prover should have the power of recognition of the same, as to time when; conditions; aggravations; ameliorations; characteristics, etc. Very likely one reason for the scepticism of many as to the value of what we call high potencies, is due to their natural inability to detect finer shades of pathological, symptomological conditions; inability, not willfulness.

Section 131—Hahnemann here indicates what ought to be done in proving a drug that has to be repeated daily, increasing its quantity in order to bring out symptoms. The order of succession is often disturbed or lost by such repetition through

the setting up of new and the making of older symptoms, and he advises such symptoms as seem to be new or contrary to be placed in parenthesis that one can judge between the true and false; the primary and secondary. We are taught by it how to make such provings of practical value, and to avoid confusion. Hahnemann was nothing, if not systematic and accurate.

Section 132—If, in proving a medicinal substance—particularly a weak one—no account is to be made of the order of the symptoms, or of the duration of action of the drug, the dose may be given several days in succession augmenting the dose daily. In this way, Hahnemann thought that the action of the most gentle medicine might be revealed. It seems to me that if a large dose of a mild medicine might be given, and then allowed to expend its force until no symptoms could be found before repeating it, that it would be the better way. Cumulative force may be necessary to the production of lesions and objective symptoms, but is this necessary? Will not a pathogenesis, that like a guide board points out the way to an object be *sufficient* to guide us in the *direction* of structural changes without inducing them?

Section 133—When, in the course of a proving, the prover experiences pain, discomfort, etc., arising from the action of the drug, Hahnemann indicates the necessity of change of posture, of motion, of pressure, of temperature, of the open air, to learn what effect, if any, is produced by them; also what the effect of food or drink, warm or cold, has upon him; again at what hour of the day or night aggravation or amelioration occur. By these methods we learn the characteristic peculiarities of drug, or pathogenesis, that is of so much practical importance to us. The Old School pay little or no attention to such *trifling matters*, but now, as centuries ago, flounder on in the sea of conjecture and uncertainty with no chart, no compass, no rudder to guide them into port.

Section 134—Teaches us the modifying and controling influence of idiosyncrasies and constitutional peculiarities, when proving medicines, whether used externally or internally. Human beings have constitutional and characteristic peculiarities; so have drugs—medicines. It is not necessary to prove a medicine upon a human being, or other animal in order to ascertain his or her constitutional qualities. It *is* necessary to

prove medicines upon the healthy in order to learn their pathogenic qualities. Man's peculiarities in a normal, healthy state, are generally visible; but we see only the form and color of a plant, flower, or mineral and detect their odor. The same medicine in the same quantity given at the same hour will not produce the same totality of symptoms in each prover though it may produce some symptoms common to each. This is probably due to the peculiarity of each prover as much as to any characteristic peculiarity of the medicine. When this seems to be the case we can determine the characteristic quality of a medicinal agent by its power to excite similar, striking, and peculiar symptoms in each prover of a large number of provers. Otherwise, what we have been in the habit of considering the characteristic peculiarities of the medicine proven, is the constitutional characteristic of the prover. Apart from the fact, that no two drugs have the same pathogenetic or curative qualities, we may sincerely ask if any medicine has characteristic peculiarities? This point needs further discussion.

Section 135—This section is analyzed better in the light of sections 134, 136.

Section 136—We learn by this section that a medicine cannot excite in one person all its pathogenetic powers. That experiments in proving such agent must be made upon a number of persons in order to get its full effect. Yet each medicine is capable of exciting a certain and unfailing group of phenomena, in all provers: e.g., emesis, catharsis, griping, vertigo, delirium; or mental apathy, prostration, stupor, insomnia. The finer, more subtile action of a medicine is often masked, or prevented by some idiosyncrasy of the prover. The certainty of finding a generally unfailing group of symptoms in every case is due to an innumerable law of nature, and such law gives each medicine its peculiar force. It is further noticed in practice that a remedy given for a morbid condition similiar to that it is capable of exciting in the healthy, often excites other symptoms not developed in the original proving. This is seen for example in the development of cutaneous eruptions once suppressed by external applications; in the return of gonorrhoea or of gleet, or of stomatitis, or of nasal catarrh, or leucorrhoea once dried up. Such new developments, excited by the curative remedy, selected on the law similia, are also cured by the rem-

edy in use at the time, or by one of greater breadth of curative power. The truth of Hahnemann s view of this matter is often verified in practice.

Section 137—This is a declaration and a precaution. By it we can learn that in order to obtain the primitive effect of a medicine certain *moderation* in the *quantitative expression of the same* is necessary to gain a knowledge of this most important and useful—primitive effect—thus avoiding the complication and clashing of primary and secondary effects. But the prover must be veracious, moderate, sensitive of mind and body, and careful of person. Should the dose be excessive several reactions will take place, and more than all the primitive effects will be so violent and confused as to make a clear, correct observation impossible. Furthermore there would be so much danger to the prover by such a method as to make us pause before assuming the responsibility of injuring for life a fellow mortal. Moreover, such provings would seriously limit and impair the growth and knowledge of our Materia Medica.

Section 138—If all the conditions included in sections 124 to and inclusive of 127 be complied with, then the symptoms, moods, changes of health visible during the action of the medicine, depend upon that substance alone and ought to be carefully noted as belonging to it even if similar symptoms occurring spontaneously had appeared before—a long time before. The appearance of such symptoms show how personal idiosyncrasies are often related to certain drug provings; being set free by them.

Sections 139-140—These two sections relate to persons who —physician or layman—make the proving. They point out the necessity of so conducting provings, and recording the symptoms, modifications of health, time when, the medicine taken, duration of action, clearness and terseness of expression, the order of occurrence, etc., as to secure accuracy. In the case of persons unable to write, the physician, or other superintendent of the proving, should take the unalloyed verbal statement of the prover and corroborate the same by repeated statements of the prover until satisfied of the correctness thereof.

Such, Fellows of the Central New York Homoeopathic Medical Society, are the steps to be taken in proving medicines upon the healthy; the very corner stone of our God sent prac-

tice. I submit that no other medical practice known by mortal man, has ever shown such profound thought, such great care, such skill, accuracy of detail, in laying the foundation of humanitarian structure. This marvelous work, so full of the love of truth, so full of self immolation for the benefit of mankind, is of itself enough to commend homoeopathy to all.

The President after accepting the thanks of the Society for the paper, presented it for discussion, and invited such visitors as should be present to take part therein.

Dr. Biegler, whose duties almost immediately call him to depart, would like to refer for a moment to sections 130 and 132 as well as to the able paper just read. The second paragraph of section 130, and the first paragraph of section 132 has led to much misunderstanding in the Homoeopathic profession at large. It is capable of misconstruction by those who do not care to study. From Hahnemann's standpoint, from the standpoint of his discovery, and his method of dividing the crude drug into what then seemed infinitesimal doses in his first experiment, one would easily understand the "weaker" dose as meaning the smaller amount of crude drug, but when we consider that by the methods soon introduced for trituration and succussion he developed the power of the remedy, we know we have the stronger dose in the least possible amount of the crude drug, because its power has been developed.

His first experiments were with Quinine and China, which he divided into small doses, but that does not justify the practitioner of today, who understands somewhat of the increased power of medicines in naming the low potencies the *stronger* dosage, and the high potencies the weaker. In sickness we have the vital forces in a state of disturbance, and the sicker the patient the more need for the stronger force in the medicine. We have all proved over and over again that these potencies cure in very sick cases where the lower potencies fail. In a case of my own, of a lady, very sensitive by nature, who was made sick by a public attack upon her character. The emotional excitement brought on a diarrhoea. I prescribed, for two days, upon the characteristics of the diarrhoea. Although aware of what might have been the exciting cause, it took me that time to gather my wits together, and bring my brain to bear upon the mental conditions of the case; with

that, and a prescription of Ignatia[30], there was no result; with the [cm] potency of the same drug there was a cure in twenty-four hours.

Dr. Grant understood the terms "stronger" and "weaker" in those paragraphs, to mean, those of different medicines, such, perhaps, as herbs contrasted with metals and other inert substances.

Dr. Bigler means that the terms are misleading and that the "stronger" is the higher potency, while the "weaker" is the lower potency.

DR. GRANT—If Dr. Biegler must go we would like to return to a subject that was discussed at some length before intermission, in relation to a journal for the publication of the transactions of this Society. At present those transaction are not published.

The reasons before given were here cited, the situation explained, the advantages for and against discussed, with a final determination for further investigation, as to present and future feasibility.

Dr. Schmitt makes the motion that a committee be appointed to confer with the Hahnemanian Societies in different cities upon the feasibility of a journal devoted to the interests of the publication of their transactions. Seconded and carried.

Dr. Leggett proposes the names of Dr. Schmitt, Carr, Grant, Graham, and the president appoints them with the additional name of Dr. Leggett. He also appointed Dr. Schmitt, as chairman.

To return to the question of provings the president cited his experience of many years ago in proving Lycopodium.

Dr. Grant could never obtain symptoms as a prover from any remedy he had ever tried.

Dr. Ross thought it probable that Dr. Grant would be sensitive to some drug.

Dr. Grant finds the indicated remedy always acts quickly when he is ill, but never a potency while in ordinary health.

This discussion closed; that of Medical subjects from the essayist for the day was opened.

Dr. Schmitt presented a paper upon

MEDORRHINUM.

BY JULIUS G. SCHMITT, M. D., ROCHESTER, N. Y.

If Dr. Samuel Swan, of New York, had done nothing else but introduce, as remedial agents, the morbid products of Tuberculinum, Psorinum and Medorrhinum, his discoveries would be of such an importance as to insure him immortality in medical history.

The great objection to the use of these three nosodes has been the want of proving, but since we have Hering's Guiding Symptoms we can find material enough to base a rational prescription upon.

Twice the last three years I have prescribed these three nosodes, and take today the opportunity to give you some of my experiences with Medorrhinum.

On the 21st of March, 1893, P. C. D. called at my office. He is thirty-four years old, and has been suffering from gonorrheal rheumatism for the last ten years. The rheumatic attacks came at first in longer intervals, but rheumatism has become steady for the last three years, so that he had to stop work. He is now stiffened in all the joints, and there is an irregular action of the heart with pains in the chest here and there. Stiffness increases when becoming heated in bed, and in the morning when first getting up, until he is some time on his feet. Lately he becomes nervous a day before a storm, better when the storm is on. Appetite is very poor. If he partakes of alcoholic beverages, a white, mucus, urethral discharge is noticed. Morning vomiting of white phlegm. Sulphur^{cm}.

On the 29th of March he felt rather stiffer. There is no urethral discharge lately, but a stinging pain in urethra, while urinating. Red blotches on glans penis, which have been there ever since he contracted the gonorrhoea. Placebo continued.

At his next call on the 4th of April, he complained of an increased stiffness of his knees, better from walking around slowly; swelling of both insteps; pain in chest worse from coughing, sneezing, and drawing a deep breath. His right hip joint pains him severely, relieved by lying on his back.

℞ Medorrhinum^{cm} in six tablespoonfuls of water, one night and morning.

10th of April, improvement. Since three or four days he

feels better all over expect in his knees, legs and feet. Desire to urinate must be attended to immediately.

℞ Placebo.

18th of April. Pains in chest are worse for the last few days, but his legs are more limber. Pain in right hip joint is better. Urging to urinate not so violent.

28th of April. Pains in chest high up across sternum, but the other rheumatic pains are better, and he feels better generally. Pains in urethra during micturition as if he had gonorrhoea.

9th of May. Improvement in every way. Gonorrhoea is worse.

20th of May. He continued to improve until two days ago, when all his old pains came back again and gonorrhoea grew better.

℞ Medorrhinum^{cm} in water as before.

On the 5th of June chest and back are better, but feet are very painful and swollen above toes—puffing of soles of feet with a sensation of pins and needles in them.

Discharge from urethra now like gleet.

On the 28th of June he reported that he felt pretty good until a week ago. Chest pains more; feet are very swollen, and there is considerable dizziness with sensation of falling forward when stooping. There is not any more pin and needle feeling in soles, but a dull pain in these parts. General feeling of weakness. Desire for micturition has to be attended to immediately. Cough with whitish, mucous expectoration in the morning. Gleet has stopped.

℞ Medorrhinum^{mm} in six tablespoonfuls of water one night and morning.

On the 15th of July, he states that for the last week he feels better than he ever did since he was taken sick. All the symptoms are ameliorated; the latter symptoms as cough and vertigo, hardly noticed any more. Gonorrhoeal discharge has reappeared.

On the 5th of September he wanted to go to work, had steadily, though slowly improved without any great interference of bad symptoms. All the pains are gone only a slight stiffness of the feet remains. He eats and sleeps excellent, is

full of buoyancy and spirit, and has changed from an old man to a man corresponding in manner and looks to one of his age.

Dr. Schmitt's paper having received the thanks of the Society, was then opened for discussion.

Dr. Ross asked for the number of doses, intervals, etc.

Dr. Schmitt—The first dose ^{cm} was upon the 4th of April in six tablespoonfuls of water, one tablespoonful night and morning for three days. The second was upon the 20th of May; the same potency in the same manner. The third potency was on the 28th of June, was an ^{mm} potency, in the same manner; did not think all persons could stand such a repetition. Dr. Lippe called such a prescription one dose, divided.

Dr. Ross wished to know if the history of the case had not suggested the remedy? Asked why not give every case of badly treated scarlet fever Psorinum? Would not that soon lead to Isopathy?

Dr. Schmitt stated that the case was thoroughly studied and that it conformed to the symptoms of Medorrhinum as found in the "Guiding Symptoms."

Dr. Grant could not see what difference the *source* of the suggestion for a remedy made with its Homœopathicity; a suggestion or several of them might be from as various directions.

Dr. Schmitt has a case of rheumatism in a child, that was better from sun down to sun up, evidently a clinical suggestion. Was he to let the child die when he knew Medorrhinum would cure. It did relieve within two days. However, it is well to question pathological prescribing.

Dr. Ross had a case of disease of the bone cured with Syphilinum yet with no history of syphilis.

Dr. Schmitt, in the case cured with Tuberculinum cited in June, with a morning diarrhoea driving out of bed, wherein Sulph. helped, but did not cure, said that Dr. Straten in his provings found the same symptom verified in Tuberculinum, proving the Homœopathicity of the latter remedy to the case.

Dr. Seward could not always find the right remedy even by prolonged study.

Dr. Schmitt said it was often so. He had worked on one case three months before he discovered a certain symptom with which he went home rejoicing, everything suddenly appearing very easy. It was a symptom of pain around the finger nails.

After studying for a long time from this new point of departure, he threw the books in every direction; he could not find the remedy. Finally he picked them up again, and by another method of procedure discovered the right remedy, and made the cure.

Dr. Brownell had observed one thing, that a physician might stand high in all senses of the word, and yet in some case fail to see the remedy, while one far less capable in every other way, might see it at once.

Dr. Bamber during his turn upon the Hospital staff had a patient under his care, whom he believed to be under the special prescription of the physician who entered him, so had not interfered with the remedy preceding his attendance. It was Kali-phos. The man had to sit up all the time with heart affection. He asked for a prescription, and the doctor finding it permissible, prescribed Arsenicum-iodatum with excellent results.

Dr. Seward had failed with Arsicum^{6x} when a prescription of Arsicum^{200} cured. In another Arsicum case of dropsy the 30th was of no use; the 200th, no use, and the ^{40m} cured. After a few years the patient had another attack, and Apis had cured at once.

Dr. Johnson had a case of organic lesion of the heart from Dr. Biegler, that was so> by Aconite that it recovered.

Dr. Ross found Arsicum a frequently indicated remedy in acute Brights Disease.

Report of the application of Dr. Rudolph C. Kaiser, of Onondago Valley, for membership of this Society.

Report of the committee upon the resolutions due to Dr. C. P. Jennings.

Dr. Seward recalls the death of Dr. Jennings' son by Diphtheria.

Dr. Ross had need to repeat in one case of Diphtheria, Lycopodium^{200} every four hours.

Dr. Seward thought if he had used higher potency there would have been less need of repetition.

Dr. Brownell had a case in which Rhus had to be repeated, and learned afterward that Pyrogen was the simillimum, and thinks that it may be true, that a remedy that is *only a similar*

may bear such a repetition while the simillimum would need but one dose.

Dr. Ross long ago had the idea of the repetition of Aconite, knocked out of him.

Dr. Schmitt had a case of pneumonia that had progressed to hepatization, in which Aconite seemed indicated, and in spite of the prevalent incredulity of the profession upon its usefulness in such conditions, gave, relieved, and finished the case with Lycopodium within the week.

Dr. Seward never sees a case of pneumonia now-a-days, nor a case of typhoid that lasts more than seven days, but if such rapid cures are effected, one must not feed. Had a case of Typho-pneumonia in a boy, who had been in New York, who had been sick for a week, who had recovered in five days, but he had no drink but water, no food until permitted.

Dr. Schmitt gives no food. Had one girl five week's sick, who vomited everything, was obliged to give nothing, and found she recovered nicely.

Report of the committee on publication of the History of Homœopathy in the State of New York.

Dr. Ross, the Secretary of the Committee, reported that he had never received the manuscript from the hands of Dr. Seward to whom it had been sent, as one of the committee for examination.

Dr. Seward was much amazed, saying that it was put into the express within two or three days from the time he received it; would look it up.

Dr. Leggett knew that that had been the intention, as Dr. Seward had been to her for the address of Dr. Ross, expecting to express it that morning.

The President then appointed Dr. Isaiah Dever, of Clinton, N. Y., to present an essay upon the next two sections of the Organon, 141-142, and as essayists upon Medical subjects, Drs. Hoard and Ross.

Motion to adjourn to Syracuse, N. Y., upon the 3d Thursday in March, 1894.

S. L. GUILD-LEGGETT, Secretary.

Editorials.

A strong and systematic effort is being made by the opponents of *compulsory* Vaccination in the State of New York, to induce the Committee on General Laws to make a favorable report on the bill introduced by Edw. M. Clarkson, of Brooklyn.

Assuming all the claims made by those who profess to believe in its protective qualities to be true, it seems to be a clear violation of the privilege given every citizen of this country to enjoy liberty and the pursuit of happiness in his own way as long as it does not interfere with the same right of others. Those believing in the protection from vaccination need have no fear from exposure, and those who have an intelligent idea of disease will take other precautions, that they believe to afford greater protection and simply desire the right to use their own judgment and take the consequences.

The hot-beds, however, of all these epidemics are generally in such sections of every city where the sanitary condition is bad, and it is to the purifying of these cesspools that we must look for protection.

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We note the name of Dr. C. F. Menninger, Topeka, Kans., on the newly appointed State Board of Health. A wise selection.

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Dr. C. E. Nichols, a valued contributor to the MEDICAL ADVANCE has an interesting article in the March *Review of Reviews* on the service of the Invalid Aid Society from which we clip the following:

HELP FOR CONSUMPTIVES.—Perhaps the founders of the Invalid Aid Society builded better than they knew when, in the year 1892, an association of kind and thoughtful men and women (separating for the sake of pursuing their specific work from another body, the Health Resorts Association of Chicago, with which they remain in friendly co-operation) organized to assist by advice and, as far as possible, by money, in the removal of invalids, chiefly consumptives, to regions favorable to their recovery. This society, now in-

corporated, has already established a verified important data, and its practical experience has gone far toward solving the difficult problems of helpful climate and inexpensive care, while the mere existence of a reliable bureau of information mitigates the cruel uncertainty attending an invalid's change of abode.

SOCIETIES.

Illinois State Homœopathic Society meets in Chicago, May 14, 15 and 16.

Alabama and Tennessee State Societies joint meeting at Huntsville, Ala., May 14 and 15.

Ohio Medical Society in Cleveland, May 14 and 15. An effort will be made to give Materia Medica and Therapeutics the prominence it deserves. This should be sustained by all the followers of Hahnemann.

Missouri Institute of Homœopathy will be held in Kansas City, Mo., April 23, 24 and 25. These meetings are always well attended.

Minnesota State Institute hold their 29th session May 29, 30 and 31.

Kansas State Society follows the Missouri Institute by meeting in Kansas City Kans., May 1, 2 and 3. It would seem fitting to form a joint meeting for this year.

AMERICAN INSTITUTE OF HOMŒOPATHY.

NEWPORT MEETING.

The American Institute of Homœopathy will convene at Newport, R. I., Thursday, June 20, at 3 o'clock p. m. The local committee have been and are still hard at work and have already completed many of their arrangements. Among the plans definitely settled are:

A concert and reception, music to be by Reeves' famous American band, an old fashioned Rhode Island clam bake and a trip to Block Island—thirty miles out on the Atlantic. Add to these the other plans of the committee and the special attractions of Newport as a noted summer resort and there can be no question as to the excellence of the programme.

But the recreative and social side, although important, is not the most important to the Institute. The scientific side

—the work done in medical science and allied subjects—this is the chief interest and duty of the Institute.

The meeting at Newport should be made note-worthy because of the scholarly value and timeliness of the papers presented, and because of thoughtful and scientific discussions.

An organization, like an individual, is measured by what it does, not by what it professes. It augers well, therefore, for the coming meeting, that most of the chairmen of the various committees are vigorously at work and that some of the sections are already quite fully prepared. But there is much still to be done and the time is getting short.

Now is the time for each chairman to do most effective work. The prospects are that the Newport meeting will be one of the largest and most successful ever held—the interest this year seems to be general.

One more *very important matter.* Let every member of the Institute get at least *one* new member. It is a prime duty, often neglected. Blanks will be furnished on application and each member will receive one when the annual announcement is issued, in May.

This circular will contain full information concerning program of meeting, railroad fares and routes, special meetings, hotels, "The Meissen," etc., and will be sent to every homœopathic physician in the United States. Let every member of the Institute now determine to attend the Newport meeting and so arrange his business that he may not be kept away. The necessity of sustaining and strengthening our organization was never greater than at the present moment. The advance and growth of the Institute is in a large measure an indication of the advancement and the development of the homœopathic school.

Make the Newport meeting distinguished for a large and loyal attendance, broad, profound and tolerant learning and marked by such earnestness of purpose as shall give impetus and power to the school at large, long after the Institute of '95 has passed into history.

EUGENE H. PORTER, A. M. M. D. Gen'l Sec'y.
181 West 73d street, New York City.

THE

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Materia Medica and Therapeutics.

The lectures on Materia Medica by PROF. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

COLOCYNTHIS.*

J. T. KENT, M. D.

Colocynthis is particularly known for its wonderful action upon nerve sheaths. It produces such an irritation of nerve fibres that its affections are neuralgic all over the body, the body is full of neuralgia.

The pains are tearing, rending, cutting, pinching, squeezing and burning.

These sensations are descriptive of the pains of Colocynthis wherever found. A general feature is that its complaints are brought on from anger.

There is a peculiar feature of the Colocynth mental state, wherein he is so affected that he is prostrated by being angered, and if the prostration does not come, the peculiar pains will. A peculiar kind of irritability follows, ending in colic; suppressed menstruation, ending in colic; ending in discharges that give relief to the body. Suppression of natural functions. A suppression of urine, from a violent attack of anger would be perfectly in the sphere of Colocynth. It has brought on diarrhœa and suppression of menstruation, and has cured it.

*Delivered at the Philadelphia Post Graduate School of Homœopathics.

Staphisagria and *Chamomilla*, particularly, have their individual symptoms brought on from anger or an attack of rage. The Colocynth patient is so irritable when mad, that he cannot control himself, he becomes wild, and tears his clothing, he rips and tears around generally, his pains make him mad, and then he tears around with wrath. Now you see how he is affected by wrath.

There is a lack of balance and control. As to his irritability, you will certainly think of *Bryonia*, *Nux* and *Chamomilla*, for they are to a great extent, irritable. The Staphisagria condition is a mental state particularly, suffers in body and mind by becoming angered at somebody. The Colocynth patient will get a diarrhœa from such a cause, or the pains I have described.

Now, another feature that is general, the discharges are jelly-like, particularly noticed in the stool and urine. The urine, after it cools, will almost cake and has been known to do so, and when turned out looks like a jelly-like substance, which is mucus. The stool is also jelly-like, which makes it a useful remedy in dysentery.

Colchicum has a copious, watery, white-of-egg-like stool. *Jatropha* has vomiting and diarrhœa of a jelly-like substance. In cholera times *Jatropha* has been a great medicine for copious vomiting and diarrhœa which looks like rice water, but on standing, it becomes jelly-like.

There are general features which must now be taken up and considered as to their particulars, the pains as to the parts.

The pains of the scalp are of a neuralgic character, which cut and tear, like tearing the flesh from the bones, particularly affecting the eyes, the eye-balls are sore to touch. The left side is preferred, only very rarely has Colocynth produced and cured right-sided affections of the face, but the whole left side of the head, particularly is affected, upper and lower jaw, in the ears and before and behind the ears and the whole left side of the head. When the face first begins to be painful, the pain is rending, tearing, jerking, sticking, cutting and burning, these are intense and he cannot keep still, but motion increases the pains. In a few instances motion has ameliorated Colocynth pains, but generally speaking, there is aggravation from motion and amelioration from rest.

The pains are at first better from pressure, but finally, after they have continued for some time, the parts become sensitive, and then are worse from pressure. The usual pains from neuralgia are relieved by hard pressure.

Heat sometimes relieves the Colocynth pain, and sometimes cold, so you see that amelioration from heat and cold will not stand out in a characteristic way, it has not been cleared up yet which is most common and characteristic, some clinical reports give amelioration from cold and some from heat. In the particular sphere that I am talking about it competes with *Magnesia-phos.*, which has positive amelioration from pressure and heat, and the same kind of pains, tearing, cutting, and terribly neuralgic, these modalities go side by side with Colocynth.

No medicine has produced more violent tearing, tormenting pains than Colocynth, they make the patient wild. The intensity of it I want you to remember.

Now as to the back and lower extremeties, it has been very useful in the cure of sciatica, with these same pains; pain in the lumbar region better from pressure, and if it has gone on for some time, both are sensitive to pressure; burning tearing extending down the limbs, through the sciatic nerves on either or both sides; the region of the sciatic nerve becomes very sore when it has been affected for some time; he cannot lie on his back; when he straightens out his limbs he must have either heat or cold applied before he can succeed; he must have change of position which aggravates, and yet he cannot keep still.

Pain often drives him out of bed at night. There is not striking time of aggravation as in *China*, *Locopodium* and *Bryonia.*

The pain may be paroxysmal, tear and jerk and then let up a little, then come again. Pain in the intestines of a similar character, so that it has become a routine colic remedy. Sensation as if the intestines were pinched between stones; tearing as if the flesh were being torn.

We have a peculiar modality in Colocynth:—the patient will get up out of bed and bend over a bed-post, or the back of a chair, allowing his whole weight to produce pressure over the abdomen, and should he get out of this position, the pain in-

creases and he must resume it again, because any other is unbearable. The pressure over the abdomen is what he seeks. When he is too weak and suffers too much, as sometimes seen in dysentery, he will double up and bend himself over his fists, he is unable to get out of this position until he gets relief from the pain

The cutting, tearing pains are sometimes about the umbilicus, they seem to start from this particular place and spread over the whole abdomen, including the stomach, the whole canal seems to be in a violent state of pain. The colic is sometimes present in inveterate constipation, where hardened feces have filled up the canal. Sometimes women get this colic three or four days previous to menstruation, better by doubling up.

Colocynth affects the glands with squeezing, tearing pains. The ovary particularly has squeezing pains in it and Colocynth has cured a very large ovarian tumor, where the regular periodical colic led to the remedy.

Enlarged, painful glands, with pinching, tearing pains. Congestion and enlargement of the ovary, with these colic-like pains.

The pains in the abdomen are like *Plumbum* sometimes, and like *Chamomilla*, *Ipecac* and *Nux*, colic brought on from taking cold. [Every time he is exposed to cold weather he has colic, *Dulcamaria* and *Rhus tox.*]

The *Nux-vomica* patient is irritable, and associated with colic, there will be vomiting like that found in Colocynth, yellow watery substance and also food, from the pain, it is so intense. The *Nux* patient has a frequent urging to stool which is not successful.

In *Ipecac* we have a cutting pain like in Colocynth, there is a pain in *Ipecac* running from the left to the right side of the abdomen, as if he were transfixed, sometimes only for a few minutes and sometimes for hours; he will not stir; the intense nausea may be present and vomiting of bile; he will hold to that one position as if transfixed by an instrument.

Plumbum has a colic of a drawing, cutting character about the umbilicus, as if there was a string tied to the umbilicus drawing through to the back.

Colocynth and *Plumbum* run close together. Colocynth antidotes colics brought on by lead. Tearing, rending pain in

the intestines, both Colocynth and *Plumbum* have pain associated with impacted feces, which are large, hard and dry, or inveterate constipation.

Silica is a remedy that very commonly cures the colic that comes on after many days absence from stool. When an individual has gone many days without stool and then as a result of it there is cutting, as of knives, cutting, drawing, tearing pain, and awful distress in the abdomen with nausea. *Silica* must be studied. You will notice in the cure, that *Silica* first ameliorates the pain and then the bowels move, the pain came last and must go first. Symptoms depart in the reverse order of their coming.

When that *Silica* state is accompanied by anxiety of mind, fear and restlessness, cannot keep still a minute, turning the head and rolling the eyes and tossing about constantly with anxiety as if she would die, *Tarantula* has to be given, and that anxiety will go away in twenty-four hours, and then the bowels will move, you will not have to give physic. By prescribing homœopathically you will relieve the patient. When you relieve this anxiety and then finally the constipation, you have done a good deal towards the cure of the patient. I very seldom see this condition coming back again. It requires a great deal of experience that the patient will wait on you, even for her own good. You take a case of constipation that has gone on for a long time and they will come saying "Anything in the world to relieve me of this constipation;" they want you to invent some other instrument or syringe or drug, something of the same nature they had before, they don't know that they must suffer in order to be cured of that. Just so sure as you give them physic or injections, you fail. They have all the time been removing the symptoms necessary for making a homœopathic prescription; they say "I take it because I know if I don't I will die." They know it, but why? They don't know why. They have been told that by Allœopaths and they get them into such condition of cussedness in their interiors, that the bowels won't work until washed out. Once in a while I can cure one, if he places himself in my hands unconditionally, then I say "stop your injections and let me watch you." After four, five or six days, no desire for stool; after eight, nine or ten days they begin to feel bloated and badly. Now I

ask "what kind of pain have you?" "Where is it?" And "how affected by heat or cold?" The patient is not suffering enough yet, the image is not there yet. When they commence tossing about and have pains all over the body, headache, pain in the back, you must secure the modalities of these conditions and sufferings and then your remedy cures, then you can cure the sickness that resulted in the constipation. Paralysis of the intestines has been brought on by irritating medicines. You never get the symptoms when you use these means. The doctor that don't know, will give a little *Nux* or *Bryonia*, or *Sulphur* and then an injection, and then swear off and start from the beginning again.

Cuprum is another medicine that competes with Colocynth in colic. In the pit of the stomach there is cutting like a knife passed through to the back, as if transfixed with a knife. Colocynth has pain about the stomach and walls of the stomach. *Cuprum* has pain all over the abdomen, like Colocynth, cutting like knives, or with this transfixed pain in the stomach through to the back.

Hæmorrhoidal colics with intense pains in the abdomen. Such a condition will make you think of *Nux*, *Sulphur* is the medicine that generally breaks up the predisposition to colic in patients who suffer intensely from hæmorrhoids. When *Sulphur* is indicated, there is a great amount of burning in the rectum. That particular thing, burning in the rectum, if cured by Colocynth, would be the exception, but if by *Sulphur*, it would be because of the peculiar characteristic it has. C. L. O.

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*BROMINE.

C. L. OLDS, M. D., H. M.

This remedy has been proved mostly in the low potencies and the crude drug, hardly at all in the high potencies. The finer features have not yet been brought out.

The parts most affected are the glands and the respiratory tract. The glands are enlarged and indurated. It is useful in goitre and in swelling of the parotid and lymphatic glands. The testicles swell, become hard and stony.

This drug has been much used in certain affections of chil-

*Notes from lecture at Philadelphia Post Graduate School of Homoeopathics. Reported by S. Mary Ives.

dren, as in croup and diphtheria, but more especially in croup, and as such has been its use, we might perhaps take up the appearance of the Bromine child. We find that the Bromine child is apt to be one who has light hair, a thin, white skin, blue eyes. The child is psoric, is deeply scrofulous. By this I do not mean that Bromine will not act in those who are dark haired, who are of a dark complexion, but it seems to have a particular affinity for those who have the complexion that I have described—the light hair, blue eyes, thin fair skin.

Running through the remedy you will find a sensation of constriction; there is a sensation on the face as though a cobweb were upon it (cf. Graphites, Baryta Carb). The scalp feels tight, as if a band were about it. The chest feels oppressed, constricted, the throat feels constricted. You find constricted sensations about the thighs, in different parts of the body, the skin seems to be drawn tight.

Another general characteristic running through the remedy is amelioration from motion, from violent motion. The patient seems to be relieved when riding in a buggy, on horseback, which is like Sepia: Sepia is >from violent motion.

The patient is almost always >out of doors, and <in a warm room.

Mentally the patient may be of very good comprehension, anxious to do mental work, anxious for his business. We find accompanying this a peculiar sort of vertigo. He feels as if he would fall backward, and often he does fall backward. Whenever he passes over a bridge or over running water he has vertigo; he feels as if he would fall. Anyone walking quickly past him will cause this vertigo. It seems to be the rapid motion that causes it. He feels constantly as if someone were looking over his shoulder, and he turns about to see if this is not so. He has a sensation as if things were hopping and skipping about on the floor; there is an anxiety with this. Again, the patient may be slow, dull of comprehension, sad, melancholy, wants to be alone, no one near her. This vertigo that I spoke of is always worse in damp weather. It is often accompanied by nausea and nose bleed. If we examine the provings closely, we will see that the nose bleed relieves many of the symptoms of Bromine—the chest symptoms are partic-

ularly relieved by the nose bleed, and so are the congestive conditions.

The headaches are principally of a *pressive* character—pressive pains, stupefying, dull, <pressure, >motion as horseback riding. The pains of Bromine are generally <from pressure. The patient has a feeling of undulation in the brain. He has a headache when he goes out into the sun, but as soon as he goes into the shade again the headache leaves. The headache sometimes remains after all the other symptoms have gone. There is a headache brought on by drinking milk, also a headache as if a fit of apoplexy were coming on.

Sometimes the eyes seem to be very much affected at the same time that the headache comes on. There will be a sensation as if the eyes would fall out, that is, pressive sensations about the root of the nose, and about the eyes. This is almost invariably the case with the Bromine colds. When the Bromine patient has a cold, he will have a headache with this pressive sensation at the root of the nose, and the eyes may water, conjunctivitis may set in. The crude doses of the drug seem to have produced an increase in the tears. Along with the other glands, the lachrymal glands become enlarged, hard.

Not only are the tears increased, but also the saliva, so that there is profuse salivation, the saliva runs out of the mouth.

There is a discharge from the ears unaccompanied by pain.

The cervical glands are enlarged. Abscesses may form in the parotid glands, they become hard, indurated and finally ulcerated, while the margins of the ulcer will remain hard. It is said that where the glands seem to be inflamed, or to be enlarged, although they may be chronically enlarged, yet there is an undue sensation of heat there. This is said to be true of all the glands.

As I said before there is much nose bleed, which relieves most of the symptoms, relieves the headache and the chest symptoms. There is an excoriating discharge from the nose, the nostrils become sore, dry, the upper lip becomes sore, scabs form there; this is something like *Arum tryphillum*, *Ailanthus*, *and Alium cepa*. Great scurfs form in the nose, and whenever they are blown out, pain and bleeding of the nose occur. Although the nose may be stopped up, yet there is a fluent coryza; fluent coryza with violent sneezing. There is a fan-

like motion of the nostrils, like *Antimonium Tart. and Lycopodium.*

In the mouth we find dryness and burning—burning heat in the mouth; although there is often profuse saliva, yet the mouth burns. There are aphthæ in the mouth. There is thirstlessness. It seems to be a general characteristic of the remedy that there is no thirst. The taste is peculiar, there being a variety of tastes, sweetish, saltish, sour, coppery, and various other kinds.

If the Bromine child takes on some of the acute diseases such as croup, or diphtheria, the face becomes pale, ashy, grey, perhaps livid. The diphtheritic membrane seems to start in the larynx and come up. There is heat, burning dryness in the throat, hoarseness and scraping, <from swallowing. Liquids are swallowed with more difficulty than solids. The patient is <before midnight.

This remedy may also be indicated in tonsillitis where the tonsils become large, indurated. The tonsils are dark red; about the throat in different places the capillaries seem to be enlarged and are easily seen. The glands about the neck are enlarged.

There is a peculiarity in this remedy in regard to the eructations. They taste like rotton eggs, like spoiled eggs. Now, this is like several other remedies. *Psorinum* has this prominently. *Psorinum* not only has this, but has the stool smelling like rotten eggs, and has the flatus smelling like rotten eggs. It is the only remedy that has these three, the eructations, flatus and stool. *Staphisagria* has the flatus and stool smelling like rotten eggs; while *Antimonium Tart.*, *Valerian*, *Sulphur* and *Arnica* have eructations and flatus like rotten eggs.

Now, as I have already intimated, this remedy is useful in certain forms of croup, particularly the membranous variety where the membrane starts in the larynx. The membrane flaps about with every respiration, causing a sawing, rasping sound. The child becomes blue in the face, seizes hold of the larynx, throws his head back trying to get more air. There seems to be a great oppression about the chest, a constriction there. He tries to take deep breaths to fill the chest, but does not succeed, consequently the respirations are short and

rapid. The cough is usually dry, and although there seems to be quantities of mucus, none is expectorated. The cough is >from taking a drink of cold water, like Causticum and Cuprum. Another general characteristic of this remedy that I forgot to mention is the aggravation from evening to midnight, and so the croup will come on in the evening. It starts with a great deal of hoarseness, the child is hardly able to speak, and even if he were able to speak the cough is so intense and the breathing is of such a character that he could not speak; great hoarseness, barking, wheezing; hot skin, covered with sweat. <evening to midnight.

Bromine follows Spongia, Hepar and Iodine well in these conditions. Here you see somewhat the importance of knowing that the Bromine patient has a light complexion. The croup symptoms are very like those of Iodine, but the Iodine patient is just the reverse in complexion, dark hair and eyes, dark skin. It is important to notice that the Bromine croup usually occurs in hot weather.

This remedy may also be indicated in pneumonia—pneumonia of the lower lobes, particularly of the right lung with this sense of constriction and oppression. The patient is >having a flow of blood from the nose, <pressure. The general aggravation from evening to midnight will be present.

The menstrual flow is too early, and of a bright red color. Preceding the menses there will be pains in the abdomen, particularly in the ovary, boring in the left ovary, lancinating pains in the back; headache before the menses come on. During the menses there may be an escape of flatus from the vagina. This is a peculiar symptom and it has been found in cases of dysmenorrhœa,—membranous dysmenorrhœa. Dysmenorrhœa with escape of wind from the vagina when the other symptoms of Bromine agree. That one symptom is something like Lycopodium and Natrum Carb.—escape of wind from the vagina. She cannot bear coition, feels no thrill, and every time she has coition feels this lancinating, boring pain in the ovary. The ovaries like the other glands enlarge and become indurated.

The urine is scant and dark, and deposits a dark or whitish adherent sediment in the vessel, or there may be a deposit of white, flocculent matter in the chamber. There is burning in the

meatus. When he is through urinating he passes another drop which burns dreadfully. Before urinating he has a sensation of tickling at the end of the penis.

The stool is apt to be black; diarrhœa is brought on by taking acids of any kind. There is a great craving for acids, and yet as soon as he takes them, a diarrhœa comes on. There is also constipation:—the stool is hard, comes in balls like sheep's dung.

Many colicky pains in the abdomen, much passing of flatus. The abdomen is tympanitic, full of gases. There is this same sense of constriction in the abdomen. Sensation of a heavy load in the stomach, as if a stone were in the stomach. In the hypochondrium sensation of a hard, round ball there. With these symptoms it has been used where there was induration of the spleen. The stomach and abdomen are both sensitive to pressure.

There are some symptoms of the skin,—boils in different parts of the body, especially on the arms. Ulcers form. The ulcers are apt to be gangrenous in character, offensive; there are bloody discharges from these ulcers. The skin about the ulcers will be of a yellowish greenish cast; a most carrion-like odor comes from the ulcers; they are indurated, oozing, and have no tendency to heal.

Upon the scalp there are scurfs, blackish like; dirty scurfs in different parts of the body.

There is a feeling in the skin, as if insects were crawling about in it, a sensation of fornication, a feeling as if something were alive in the skin.

This remedy has been found quite useful in hypertrophy of the heart, where there is a sense of great constriction about the heart, oppression of breathing. The respirations are very difficult—he feels as if he would like to fill the lungs full, yet is unable to do so.

This remedy has also been useful in asthma, especially in those who are >at sea, <as soon as they come on land. The asthmatic attacks usually come on in the early part of the night. There is this same oppression that I have spoken of, this same sense of constriction, same desire to fill the chest with air. Asthma that comes on in damp weather.

Another affection that Bromine has been found useful in, is

cancer of the breast: the breast becomes hard, nodulated; the tumor is adherent; there are drawing, lancinating, burning pains, and a sensation as if a string were pulling from the axilla.

Toothache, where there is a sensation as if the teeth were too long. The toothache is made <from cold water and from pressure.

There are hemorrhoids produced and cured by this remedy: blind, very painful piles that come down with the stool. These hemorrhoids are <from the application of either hot or cold water—anything hot or cold seems to aggravate them.

Like Pulsatilla this remedy affects particularly the left testicle. The testicle becomes large, extremely large, indurated. Perhaps a gonorrhœa has been suppressed and this condition comes on. The testicle is enlarged and is cold; especially in old men where the testicle becomes unduly enlarged and has a cold feeling. Impotence in men who have enlarged testicles; enlarged, cold, stone-like testicles.

THE SINGLE DOSE.*

W. A. YINGLING, M. D., NONCHALANTA, KAN.

After properly "taking the case" and the selection of the simillimum, the true Hahnemannian holds in importance the exhibition of the remedy. Shall the remedy be given in a single dose or, without reason, in a multitude of repetitions? This is a most important consideration whether the potency be low or high, as either the high or low potency will cure, or do great injury when improperly administered. Its determination will materially influence the curative action of the remedy. From this reason the question of dose should occupy a higher plane in the minds of all prescribers, and be determined with care and reason.

There is a misapprehension on the part of many regarding the exhibition of the *single dose.* Some suppose it to mean that each individual patient is to receive one, and only one dose of the given remedy, and no more. This is erroneous. The single dose does not apply to the case alone, but directly to the prescription. Each prescription is to be of a single dose,

*Prepared for the Kansas State Hom. Society, 1895.

unless there are very strong reasons for a repetition arising out of the nature of the acute case, or the similarity of the remedy, which will be but seldom with careful prescribers, and then only until the drug shows an action. If a well-selected drug does not show an action within a reasonable time, reason tells us to repeat it. But under such a circumstance the reasoning would be the same as a new prescription, and the repetition upon reason would be the same as a single dose with each prescription. To repeat without reason would be guessing, and hence censurable if not criminal. With but very few patients can the repetition be submitted to their judgments. If you say, Repeat till better, then stop, the patient will reason that if one dose does good another will do more good, and hence will continue to repeat to the detriment of the case. It is seldom that more than one dose is needed in a single prescription, occasionally two or even three doses may be required to effect the vital force and make a change in the case. Following this, the next dose may be of an entirely different remedy. To give a remedy when another is indicated may do harm and complicate matters to such an extent that great trouble, even danger to the patient's life, may arise. The only safe plan is to follow the directions of the master.

This plan is not incompatible with a large practice, as our remedies act for hours and days in acute diseases, and for weeks and months in chronic cases. A very critical case necessarily must be seen frequently, and in such a case it would be the height of folly to submit the all-important question of repetition to the judgment and decision of the panic stricken friends, or to the incompetency of the nurse. To return in six or twelve hours would be wiser and safer than to repeat on a guess without reason. In emergency cases, like hæmorrhage, convulsions, etc., the physician is expected to remain till the remedy shows an ameliorative action, and then to see or to hear from the case within a reasonable time.

In chronic cases there is no danger in waiting on a single dose, and it frequently requires days, or even weeks, before a change may be noticed, but, when undisturbed, always followed by a happy action of the true remedy. In chronic cases the skill of the physician is gauged to a very large extent by his ability to intelligently wait on the action of the remedy.

He must know the nature of disease and the indications of the favorable action of his remedy. If the disease goes from within outward, from above downward, from the more important to the less important organs, he may rest assured that his remedy is favorably acting and that a repetition of the dose is not called for.

There are persons so constituted as to be uninfluenced by a single dose of a remedy, but I feel free to say that the vast majority of such uninfluenced cases arise from a wrong selection of the remedy. It is plain to be seen that a similar remedy will require more repetition than the simillimum. There may be several similar remedies to a given case, but there can be but one *simillimum.* The similar will lack something, thus not striking the vital force properly and requiring a repetition and more time to effect a cure. The simillimum exactly fits the case, its action goes right to the centre of the mark, and the cure is the most speedy, pleasant and effective. The simillimum seldom needs repetition, the similar most always needs it, and the farther it is from the one simillimum the more need there will be for the repetition. Either may cure; only the simillimum is sure of a cure in all curable cases. "I believe that if a *simillimum to the entire state of the patient* is found, one dose of a high potency is sufficient, either in chronic or acute cases; but when the medicine does not *fully* correspond, as may often happen through the deficiencies of even our large Materia Medica, the dose may have to be repeated, the want of a *complete* similarity hindering the curative action of the drug; and in *these* cases the more acute the disease, the more frequent must be the repetition, because the action of the drug then becomes more speedily exhausted, unless it is sufficiently homœopathic to subdue the disease at once. This view is in accordance with the teaching of Hahnemann. * * * * One thing is certain, that when once the curative effect has set in, we should *let the medicine act undisturbed till its effect has entirely ceased.*" (Dr. E. W. Berridge in "*The Organon,*" Vol. I, page 37.)

Again, in certain cases a frequent repetition may be needed to effect a cure. This applies to those cases where several doses have been given of the same remedy, the symptoms remaining the same; each dose has had a favorable result, but

with a lessening effect. Then a lower potency should be given in water and frequently repeated till a very decided result has been obtained. Or, as Dr. Ad. Lippe remarks, "If a dose administered has acted for a long time, in acute diseases for days, in chronic diseases for weeks or months, we may reasonably judge that it would be best to again administer one more single dose; but if the action of the dose lasted only a comparatively short time, has been rapidly exhausted, especially in acute diseases, and a repetition appears still advisable, that it would almost always be better to dissolve a single dose of the remedy now to be repeated in some few ounces of water and continue its administration in broken doses till it becomes evident that the action of the dose in this manner administered has fully set in, and the symptoms for which it was given are yielding to it, becoming lessened in every respect. The greatest care should be taken never to repeat the dose, or administer another remedy till the effects of the dose last taken have been exhausted." (*The Organon,*) Vol. I, page 289.

The rule should be to carefully "take the case," by comparison select the remedy covering the totality of symptoms, the simillimum, and then exhibit it in a single dose of some potency, whether high or low, according to the faith and practice of the prescriber.

The Single Dose is no new doctrine, but one as old as the school of Homeopathy. This may be seen from a careful study of the *Organon* and other writings of Hahnemann. He says in § 158 of the *Organon*, "This slight homeopathic aggravation during the first hours, is quite in order, and in case of an acute disease, generally serves as an excellent indication that it will yield to the *first dose.*" Also in his remarks upon § 246 he elaborately elucidates this subject. Among other things he says: "In the former editions of the *Organon* I have recommended that a single dose of a well-selected homeopathic remedy should be allowed to terminate its operation before the same or a new remedy is repeated, a doctrine derived from the certain experience that the greatest amount of good can scarcely ever be accomplished, particularly in chronic diseases, by a large dose of medicine (a retrogressive measure recently proposed), however well selected; or, what amounts to the same thing, by several small doses ad-

ministered in rapid succession, because a procedure of this kind will not permit the vital force to undergo imperceptibly the change from the natural disease to the similar drug-disease. On the contrary, it is usually excited to violent revulsive action by one large dose, or by the quick succession of several smaller doses, so that the reaction of the vital force, in most cases, is anything but beneficial, doing more harm than good. Therefore, while it was impossible to discover a more salutary method than the one proposed by me, it was necessary to obey the philanthropic rule of precaution, *si non juvat, modo ne noceat*; in accordance with which maxim the homeopathic physician, considering human welfare to be his highest aim, was to administer but one most minute dose at a time of a carefully selected medicine in a case of disease, to allow this dose to act upon the patient, and to terminate its action. I say *most minute*, since it holds good, and will continue to hold good as an incontrovertible homeopathic rule of cure, that the best dose of the correctly selected medicine will always be the smallest in one of the high potencies (X) for chronic as well as for acute diseases.

"A number of small doses, repeated for the same purpose in quick succession, will accumulate in the organism till they constitute, as it were, one large dose, and will produce the same evil result, except in some rare instances. The vital force, unable to recover during the interval even between small doses, is overtasked and overpowered, incapacitated to begin curative reaction, and compelled to continue passively the predominant drug-disease forced upon it. This process is similar to that produced by the large and accumulating allopathic doses of a drug, resulting in protracted injury to the patient, an event we are called upon daily to witness."

The following letter from Hahnemann to a patient is to the point. This letter is in the possession of Dr. J. C. Burnett, London, England, and was published in "*The Organon*," Vol. II, page 173:

"My Dear Postmaster,—You have done well to enquire of me whether, in case of obvious (striking) amelioration of your salivary fistula, you should nevertheless take the new medicament? I answer: No. Continue so long entirely without medicine, living regularly, until the gland has been again getting worse for seven days. Then only begin with the new medicine.

"It is impossible, in the various constitutions of the body to determine how long a given antipsoric drug may continue to act. This much, however, is certain, that its action lasts as long as it does good, and the disease does not again *continuously* increase."

Now, that you may plainly see that Hahnemann and his coadjutors relied on the single dose, I give the following clinical cases from Ruckert's Therapeutics, the American edition of which was copyrighted in 1845, thus showing that the cases cited were treated during the life time of Hahnemann. I give concisely the name of the disease, the remedy, the potency used and the salient symptoms of the cases. Only *one single dose* effected the cure in each given case. We cite only a few of the many cases cured with the single dose. It would be novel to some modern prescribers to compare the cases related in this volume, and notice the exceeding few repetitions in cases requiring more than one dose. We use the language of the author, simply omitting some of the less important symptoms.

MANIA.—*Nux vomica*[30]. Becomes suddenly confused, talks nonsense, and does everthing wrong. Heaviness of the head, pain in the body and small of the back. Weakness. Face at times red, at times pale, with pointed nose. Caused by humiliated ambition.

HYSTERIA—*Pulsatilla*[12]. Caused by violent chagrin. Constant anguish, with palpitation of the heart; is afraid of everybody; believes other people to be her enemies. Despairs of everything; weeps immediately. All her limbs feel as if they had gone to sleep. Feels faint and weak. Anguish and sorrow deprive her of sleep.

HAEMORRHAGE FROM EYES—*Nux vomica*[30]. In a child of six weeks. Blood freely runs out of the eyes which appear to protrude, with swelling of the eyelids. Distended veins of the sclerotic coat; bloody points may be seen upon the eyeballs; they form drops, and then run out. Eructations and regurgitation of the ingesta after a meal. Sometimes the child screams and bends itself. Retention of the stool for two or three days; stool hard, with straining and prolapsus of rectum.

TOOTHACHE—*Pulsatilla*[12]. Throbbing in the upper jaw, attended with drawing as high up as the eyes, worse at night;

pain increased in the warm room, and by warm drinks, diminished in the open air.

CHOLERA MORBUS—*Arsenicum alba*[30]. Burning pains in the abdomen after supper, violent and almost without any intermission. Vomiting and discharge by the rectum of water and mucus, after eating ever so little. Absence of thirst with internal heat.

PUERPERAL FEVER—*Belladonna*[24]. Sudden violent chills. Heat and redness of the face. Violent digging pains in the distended abdomen, painful to touch. Pressing toward genitals and anus, with expulsion of large lumps of cadaverous smelling black blood. Chilliness of single parts, burning heat of other parts, sweat of covered parts. Frightful fancies, and delirium. Sleeplessness. Other grave symptoms.

PNEUMONIA—*Belladonna*[30]. Chilliness, soon after, stitches in the left side of chest, with continual heat. Much cough, with bloody expectoration, and short labored breathing. Want of appetite. Urine red-yellow. Food tastes bitter.

RHEUMATISM—*Bryonia*[21]. Limbs somewhat bloated, red and shining. Violent tension and tearing in the limbs; tension and stiffness in the knees. Stinging in affected parts from touch. Pain less in a state of rest. Worse by motion, with stitches in the joints. The skin is generally dry and hot; pulse full and frequent; tongue and lips are dry, thirst moderate, increasing at night. Stool hard, urine feels hot. Irritability.

HERPES—*Arsenicum alba*[30]. A spot between the scapula the size of a dollar, red, having been covered with vesicles that had been scratched open; scaly, burning horribly, especially in the night.

CRUSTA LACTEA—*Graphites*[30]. Scurfy, ulcerated nose, upper and lower lip, itching somewhat. Great heaviness and weariness of the lower limbs.

THE ITCH—*Sulphur*[30]. Cured about forty cases of itch, generally between ten and fourteen days. Only one dose each.

CARIES OF TIBIA, ULCER—*Asafœtida*[6]. Ulcer on internal side of tibia, two and a half inches long and a half inch broad, with hard edges of blue appearance, and caries of tibia. Fetid suppuration. Above and below the ulcer portions of the

flesh are gangrenous; very sensitive areola and edges. Digging-up sensation in the internal side of the foot. Fine stitches in the big toe. Violent pain in whole of left side, from the head to the big toe.

ULCER—*Anthracinum*[30]. Brown-bluish spots on the leg, which had burst open and had spread over a large surface. The cure was effected in five days.

CARBUNCLE—*Silicea*[30]. On nape of neck. Hard, sore swelling, with violent fever. Hard areola, badly colored, dark purple-red. Secretion of an acrid, corrosive, fetid, yellowish-green ichor.

MEASLES—*Morbillinum*, 2d potency, two pellets. Shortened the course of the disease considerably, converting the measles into a benign eruption. It likewise proved useful in the epidemic opthalmia which appeared together with the measles. In other cases *Morbiltinum* 30th was administered with the same success. (Language of the book.)

SMALL POX—*Variolinum*[30]. Violent heat all over the body. Very nervous; weeps all the time. The whole body covered with small, red, elevated stigmata and blotches; on back there are some pocks almost fully developed. The fever disappeared the next day; the pocks ceased to grow, and those which had come out dried up very soon.

Variolinum proved such an excellent remedy, that not one died with small pox or varioloid, not even pregnant females (whereas many had died formerly); the eruption was light and without danger.

Vaccinum was also administered with success in small pox. The author remarks "it has been observed that the cicatrices of those who were treated with *Vaccinum*, were not as blue or deep as the cicatrices of those who were treated with other remedies."

WHAT WAS THE REMEDY?

J. R. HAYNES, M. D., INDIANAPOLIS, IND.

An inoculation from a patient that had died of a malignant carcinoma.

About 8 o'clock of the morning of Dec. 21, 1894, the patient who had been a great sufferer for more than four years

from a malignant carcinoma of the right breast sank away and died.

About two hours after her death the woman that had acted as her nurse requested me to assist her to arrange the corpse and in doing so I told her that the first thing would be to put a set of false teeth (which were on a red rubber plate) in her mouth before *rigor mortis* took place as it would be difficult to do so afterwards.

She took up the teeth and in her excitement, instead of putting them in proper place, she slipped them entirely into her mouth; I then came up and placed the thumb of my left hand on her chin to depress it and slipped my right middle finger into her mouth so as to draw them out again; in doing so I slightly raked the second phalange of the finger upon her lower teeth, which were her natural ones with the edges rather sharp, when I withdrew my finger, and with a pair of forceps withdrew them and placed them in their proper place, when her mouth seemed to close automatically and remained so without further assistance.

I washed my hands and examined the finger carefully but could find no place where the skin had been injured in the least and therefore gave it no further attention.

For the rest of the day I was very busy, but at night felt rather tired and slept very poorly, but thought that I had over done and let it pass. The next day I was more languid, somewhat thirsty for cold water and very poor appetite; but had a great deal to look after, and at night was restless and nervous, was chilly and thirsty but a cold drink aggravated the chilly feeling, felt exhausted and restless, could not sleep, perfect disgust for any kind of food; I supposed that I had taken a severe cold and that it would soon pass off and I would be all right.

On the morning of the 23d, I undertook to go out but had to give it up and return; was very restless and nervous, wanted nothing but cold water, which aggravated the cold feeling; could not get warm; a most horrible taste in my mouth, but my tongue was not coated in the least; pulse was from 140 to 160 and temperature 104 to 106, and at the same time internal shivering which continued to increase; I imagined that I could see the image of the dead woman before me all the time,

whether my eyes were open or closed, there she stood smiling and nodding to me night and day.

I was very gloomy and despondent, wanted to die, did not want to live; severe headache; aching all over back, upper and lower limbs ached, which made me very restless and nervous and trembly so that I could not control my limbs; all of my symptoms continued to grow worse and worse until I got so weak that I could not help myself; if I was helped up I would fall down as limp as a rag, yet I had not the slightest idea of the inoculation or the poisoning, but thought it was the effect of a severe cold that I must have taken, yet I had no cough or stuffing up of the nasal passages in the least.

All of this time my mind was just as clear as ever it was. I had made up my mind that it was all up with me and that the sooner it was over the better I should be pleased; this continued to grow worse and worse until about 8 o'clock on the evening of the 28th when I was aroused by a severe smarting, burning, shooting pain in the phalange where I had raked it over the teeth of the dead woman; upon examining the finger, I found a fiery red place about the size of a five cent piece and from its edges it sprangled off in a wavy form the whole length of the finger and in the center of it a hard elevation about as large as a very large half pea with a small depression in its center that looked as if made by pressing it with the head of a very small pin, but the skin was not broken, as I could see. Then for the first time it flashed upon me what had been the cause of all my trouble; I had been inoculated by the dead patient and the carcinoma and it was so slight that I could not detect it as there was no external injury that I could find.

I called for an antidote and took two doses that evening and continued it three times a day for the next two days; by that time all of the poisoning symptoms had disappeared. Within five minutes after taking the first dose, I could see that a change was taking place and for the better. The image of the dead woman had disappeared, and from that time to this, I have not been able to even form in my mind the least image of her, or to imagine how she looked no more than as if I had never seen her in my life.

My appetite came slowly back to me; I could see from day to day I was improving; then I wanted to live, the gloomy

feelings all vanished; but it left me so weak that it took me two months to regain my strength and recover from the great nervous prostration. For that I took three doses of Acetic acid^{cm}, one dose a day, and now feel as well as ever I did. I do not give the name of the remedy that I took to antidote the poison, for I want every one that shall read this to tell me what in their opinion I should have taken, either through the MEDICAL ADVANCE, or by private letter, when I will make public what I did take, and why I took it.

OREGON.—The governor appoints the board, from among the most competent physicians, to be known as the board of examiners. They issue certificates to all furnishing proof of being graduates of and having diplomas from legally chartered medical colleges, irrespective of school, and to such non-graduates as are able to pass a satisfactory written examination. Holders of said certificates record them with the county clerk of the resident county.

TEXAS.—The presiding judges of the district courts of the several judicial districts appoint a board of medical examiners for their respective districts, said written appointment signed by the judge making the same. The board must consist of not less than three practicing physicians of known ability, and who are regular graduates of some medical college recognized by the American Medical Association, and who are residents of the district for which they are appointed. Meet semi-annually. "It shall be the duty of said board to examine thoroughly all applicants for certificates of qualification to practice medicine in any of its branches or departments, whether such applicants are furnished with medical diplomas or not, upon the following subjects, viz.: * * * but no preference shall be given to any school of medicine." The certificate must be recorded with clerk of district court of the county in which applicant resides.—*Minneapolis Homœopathic Magazine.*

Notes from Clinic of Philadelphia Post Graduate School of Homœopathics.

This is an eminently practical institution, designed exclusively for graduates in Medicine and all of its work is directed to a more perfect comprehension of the law of *Similia Similibus Curantur* than can be obtained in any undergraduate college. The work in this department alone will be of greater value to the homoeopathic physician than the price of this journal.

A CANINE PATIENT.

C. L. OLDS, M. D.

Mr. V———, one of my patients said to me one day, "Doctor, I should like to have you take a look at my dog." I went with him to the kennel and found an auburn haired bitch spaniel about ten years of age. The following were the symptoms obtained:

1894.

Oct. 10.

Eruption (mange?) covering the entire back; hair all gone from back.

Began four years ago.

Great crusts, break open and ooze yellowish substance or crack and bleed.

Itches much.

Dog irritable, snappish (formerly very mild).

Skin very sensitive to touch.

Smell very offensive.

Eats little, but very thirsty.

Snaps and snarls when bathed, does not seem to like it.

Sulph^{cm} (F)

Six weeks from the time that the Sulphur was given the eruption had disappeared and has not yet returned. The dog now eats well and is becoming fat, and she enjoys her bath, as any water-spaniel should.

Sulphur soaps and ointments of different kinds had been used to suppress the eruption, but without success.

It has often been said by our opponents, the allopaths, that our cures took place only because our patients had faith that

they would be cured; that it was faith that cured the patient, not the infinitesimal dose. The objection can hardly be urged in the above case.

In the treatment of animals it is quite difficult to obtain many symptoms, and the finer symptoms are rarely disclosed but almost invariably a sufficient number of symptoms can be obtained on which to base a prescription.

It is interesting to note that wild animals are not subject to disease; it is only when they have become domesticated, only when they have been brought into the sphere of evil man that they become sick. And when they do become sick, their sicknesses closely approximate those of the human race. We know that domestic animals have rheumatism, bone diseases, the exanthematous fever, epidemic catarrhal fevers, etc., which are very similar to those to which man is heir; so have they many manifestations of psora, as in the case of the dog described above.

It would be interesting to know whether any of the readers of the ADVANCE have noticed symptoms of syphilis or sycosis in animals.

SERVICE OF LILY STOKES, M. D.

Mrs. V. H———, age 43 years.———st.

1895.

Jan. 30.

Took cold "all over" five days ago.

Coughs frequently, which hurts chest very much. Expectorates thick, white matter.

Hoarse voice.

Headache across forehead and in eyes.

>in morning.

<when quiet.

Arms ache.

Legs ache and are so stiff she can hardly walk.

Feet cold.

No appetite.

Thirst great, for cold water.

Constipated—hard dry stools. Takes magnesia sometimes.

Feels very wretched and full of aches and pains
Wants to lie still.

Bry^{50m}.

Jan. 31.

Cough very loose and does not hurt chest at all.
Headache gone.
No pain in limbs or anywhere.
Thirst less.
Appetite somewhat better.
Bowels moved today.
Hoarseness gone.
Feels weak and dizzy at times, but is able to be down stairs.

S. L.

Feb. 2.

Appetite returning.
Cough <at night, made her sleep poorly last night.
Weak, but about the house and at work.

S. L.

Feb. 4.

Improving in every way, and much pleased with her rapid recovery.

S. L.

SERVICE OF C. ALBERT ROGERS, M. D.

Rosie R———, aged 8.

1892.

June 30.

The mother gave me the following history:

For some months her eyes had been greatly inflamed.
She had been under constant treatment at a prominent Allopathic dispensary. But since her eyes were constantly getting worse, she thought she would try Homeopathy.
She further stated that since her eyes had been inflamed, she had developed a frightful temper. She was repeatedly whipped, but to no purpose, her temper becoming worse than ever.
I had considerable difficulty in getting her to sit down; she cried, hid in the corner, jerked her mother's

hand away, and would not let me look at her. But by dint of much coaxing and a little candy, I obtained the following symptoms:

Fair plump child.

Conjunctiva of both eyes scarlet red.

Profuse discharge of tears, which were very excoriating.

Cheeks under eyes very sore and reddened.

Entire absence of eye lashes.

Constant winking of eye lids.

<in morning.

>in cold air.

Intense photophobia.

Euphrasia^{39m}

July 11.

Very greatly improved. I saw two eye lashes on each eye.

S. L.

July 19.

Almost entirely well. More eye lashes, no tears.

July 27.

Slight return of tears.

Euphrasia^{39m}.

From this date there was a steady and constant improvement. Her lashes all returned and the lids became perfectly normal in appearance. The bad temper also disappeared, the mother says that she is now a very good girl. Several subsequent reports showed that the improvement was permanent.

SERVICE OF F. E. GLADWIN, M. D., H. M.

Mrs. E———, age 21.

1894.

Nov. 13,

11 P. M.

Last menstruated fourteen months ago when her baby was two months old.

Has been having labor pains since early morning.

Pains every ten minutes coming from back, would seem

to divide at hip, part of it going to abdomen but the severe portion going down thigh.

Numbness of left thigh.

Aching across small of back, most distressing, cannot stand on account of it.

Examination shows os dilated to nearly size of half dollar.

Position normal.

Kali c.^{cm}.

1 P. M.

Returned to find patient quietly sleeping on left side, a thing which she had been unable to do for four months on account of pain and numbness in left hip and thigh.

Pain returned once, immediately after taking remedy patient had been sleeping without pain ever since.

Nov. 14.

Pains have not returned.

Examination shows os closed.

Pains ceased entirely until November 27 when she had a normal delivery.

Mrs. G———, age 36, Philadelphia st.

1893.

Oct. 6.

Mother of six children, only two of which are living; the others died when about a year old, one of bronchitis the rest of "summer complaint," all very big fat babies.

Has not menstruated since August 24; fears pregnancy; is determined to have no more children.

Flow produced by passing catheter into vagina October 1, light colored; ceased and was followed by a chill.

Took medicine to produce abortion.

Flow returned, with chill, October 4; bright red; slight.

Pains from back downward and forward like labor pains,

Pressure downwards as though something would fall out of vagina.

Trembling in abdomen.

Sore spot in left abdomen; <from hard pressure.

Sore pain in left chest; in right arm, deltoid; <motion.

Pain between shoulders; <sitting sewing; <deep breath.
Wants to keep warm.
Creeping chill.
Hands and feet cold.
Headache; occiput to forehead.
Constipation until October 4 when took salts; has had diarrhoea ever since.

Nux. cm.

At this time the woman was thoroughly frightened, fearing peritonitis, so came for help. Nux helped her, to her mind, at that time, the wrong way. I saw nothing more of her until November 12, 1894, when she brought her little daughter, born June 2, for treatment.

The cases only serves to illustrate the fact that theory has no place in Homœopathy. We may have theories beautiful and extensive as to how the indicated remedy shall act, but, when we give it, the little dose ignores us completely, takes up the work in its own way and teaches us that its way works for the good of the patient.

In the first case I expected the remedy to turn the pains into order and hasten the delivery, but that little dose, so small that the mind can't grasp it, taught that in the line of cure the delivery must be postponed two weeks. When the baby came he was a fine healthy boy. Even yet he doesn't know that colic exists. The health of the mother steadily improved until, as she says, she "hadn't been so well for over a year before baby was born as now."

In the second case I supposed the catheter and medicines had put the fœtus beyond the reach of remedies. When the woman had finished her story, visions of Apis and its action in abortion during the first month of pregnancy, and Arnica with its history of abortion from mechanical injuries came to my mind, but a survey of the case showed that the symptoms belonged to Nux, so I laid theories aside and gave it, and was surprised that it had undone the wrong in so complete a manner.

Homœopathy does take the conceit out of one.

SERVICE OF MAYBELLE M. PARK, B. S., M. D.

Miss R. H.——, 19 years, 1431 B——st. Domestic, colored. Medium height, slender.

1895.

Jan. 20.

Took cold Jan. 11 by being out in dry cold wind, followed in the evening by headache. Allopathic treatment up to Jan. 19.

Next morning severe pain in right iliac region, swelling, heat, redness, constant, gnawing, pressing pain, great tenderness.

<night.

<motion, or deep breathing.

Vomits a few minutes after eating; bitter, yellow water, tastes awful; bitter, frothy fluid rises from stomach without effort.

Alternate heat and chill, internal heat.

Two stools a day, found them loose, griping, urging pain before, during and after stool, >after stool; offensive, dark; much flatus with stool.

Urination painful, must wait for urine to start; tenesmus at first, then gradually loosens as urine flows. Urine red as blood; smells like strong tea.

Respiration short, catching, on account of pain of deep respiration.

Tongue coated white, tip red.

No appetite.

At times very thirsty, could drink a bucketful.

Must keep turning every few minutes, yet motion aggravates.

Pulse 100, temp. 100.3°

<night, cannot sleep.

Nux vom.[45m]

Jan. 21.

Says *she* is feeling some better.

Respiration more natural.

Did not vomit at all but gagged at times.

Ineffectual urging to stool.

Cutting, drawing pains in iliac region.

Pulse 110, temp. 100.2°

S. L.

Jan. 22.

On waking felt as if something had soured on stomach; then vomited small amount of bitter, frothy fluid.
No pain on urination, urine light colored.
Still some urging to stool.
Thirsty.
Says she feels much better in herself.
Only a little pain now.
Slept during the day.

S. L.

Jan. 23.

Awoke with a choking sensation, vomited a mouthful of thin dark fluid like blood, then green, bitter fluid. Feels >since vomiting.
Slept well.
Not as much urging to stool.
No pain in iliac region, still some tenderness.
Hungry, begging for solid food.

S. L.

Jan. 25.

Much improved, sat up yesterday. Begging to eat solid food.

S. L.

Jan. 28.

Walking around; feeling well.
Still has water-brash which was a chronic symptom.

S. L.

Feb. 6.

Feels all right, no pain or tenderness in iliac region.

S. L.

The laity are asking: "Why is it we never had appendicitis until a few years ago, and now it is so common?" They dread the season of small fruits with the little seeds that hunt instinctively for the little sack hidden down in the dark regions. In a few years they will ask: "Why is it we never have appendicitis now? it was so common a few years ago." After watching for centuries the rise and fall of Allopathic fads peo-

ple still consent and rather like to be duped and drugged and slashed for scientific purposes.

This patient had been under Allopathic treatment for two weeks, being poulticed, purged and anodyned, but growing steadily worse. She was very weak and suffering most distressing pain. Nux, besides being indicated by the symptoms often serves as an antidote in cases susceptible to crude drugs. It is noticeable in this case that before there was any marked change in the symptoms the patient said she herself felt better, showing that the disease had moved from the more internal parts of the body toward the external. Let us hope that very soon Homœopathy may take the laurels from the surgeon's scalpel and that the indicated remedy may serve as the guardian angel of the vermiform appendix.

MARYLAND.—Two boards of medical examiners. Each consists of seven members. One board appointed by the faculty, medical and surgical, of Maryland; the other by the State Homœopathic Society. The person must make a written application for license to the president of the elected board of examiners, together with proof as to age, moral character, etc.; also as to his common school education; further, that he has received a diploma conferring the degree M. D. from some legally incorporated medical college in the United States or some foreign country, and has also both studied medicine three years and attended three full courses of lectures in different years in some legally incorporated medical college or colleges prior to the granting of such diploma or foreign license. * * * The president, if satisfied with the same, shall direct the secretary of the board to issue to said applicant an order for examination. * * * The examination having been passed to the satisfaction of the board, a license is issued to practice medicine and surgery in the state of Maryland—$10.00, please. The license must be filed with the clerk of the Circuit Court of the county or city in which he or she may practice—fee, $1.00. —*Minneapolis Homœopathic Magazine.*

Surgery.

REPLY TO A LETTER ON THE TREATMENT OF APPENDICITIS.

HOWARD CRUTCHER M. D., CHICAGO.

A valued correspondent requests me to answer publicly some queries touching appendicitis and its treatment. First of all let me say that if the surgeons were as intolerant in their views and as unmerciful in their criticisms, as some medical men, the foundations of professional courtesy would soon be undermined. That there are desperadoes and bumptious upstarts in surgery admits of no doubt, but it would be folly to justify their practices on the ground that the country is overrun with careless and ignorant prescribers.

(1) "Is appendicitis not a medical disease in a majority of cases?"

It is not. It is pre-eminently a surgical lesion, frequently amenable to therapeutic measures, often subsiding without any treatment whatever, but, on account of its extreme tendency to complications, is always a *surgical condition.*

(2) "Are cases not killed sometimes by the knife that would have recovered with medicine?"

I do not know. So far as my own operations go, I can answer that no death has resulted from the operation; whereas my mortality in cases that were supposed at first to be medical but which were finally turned over to me for operation, has been a very heavy one.

(3) "In two years I have *cured* six cases—and lost none—with medicine alone; can the knife beat this?"

Within two years I have cured more than six times as many, with medicine alone, and, within a short time, have operated ten times without a death. It is but just to say that two of the cases "cured" by medicine in my own practice, have since been *cured* with the knife. If my correspondent will carefully watch his six cures for a year or more, he may possibly have a supplementary report to make.

(4) "In one of my cases remedies did not act for several days; does this not prove that a useless operation was avoided by waiting?"

To leave a patient exposed to the danger of perforation and fatal complication for days, while waiting for medicines to act, is as inexcusable as *any* "useless operation" in the entire range of surgery. My judgment is that the result was one of those happy accidents which sometimes occur in the best regulated practices.

(5) "What do you think of the olive-oil treatment, poultices, injections, etc?"

My opinion of these make-shifts would not appear well in print, but I cannot allow this opportunity to pass without saying that, if physicians would treat their *patients* and let these abominable practices alone, fewer cases would fall into the hands of the surgeon. Belladonna, Bryonia, Nux Vomica and Mercurius, not mixed or alternated, but prescribed according to the drug picture presented by the patient, are a hundred times more valuable in relieving suffering and saving life than all the stupid practices that a generation of blunderers have been able to devise.

(6) "Have you any objections to stating how many unnecessary operations you have done?"

Not the slightest. My correspondent may not agree with me as to what constitutes a necessary operation, but one undoubted case stands against me These are the facts: I found the patient, in the middle of the night, with a subnormal temperature and a pulse indicating shock. There had been pain, intense, griping, colicky pain, for several days, accompanied by bloating, fever, nausea and decided abdominal tenderness. All of these symptoms suddenly subsided, save the bloating, and left the patient, a robust man of middle age, in the condition first described. Pain was very pronounced in the cæcal region. The patient was dull and stupid, had a heavily coated tongue and a foul breath. Calling a consultant, we agreed, without the slightest hesitation, that the case was probably one of appendicular perforation and that operation at the earliest possible moment was the only rational treatment, especially as the patient showed a history of recurrent appendicitis and had been warned by an eminent surgeon of St. Louis that another

attack would probably result fatally. Early the next morning I found a badly adherent caecum, but an appendix normal to all appearances; the patient made a prompt recovery. Just what combination of viands and liquids had caused this upheaval I am not prepared to say, but I should operate upon another case just like it to-day. The patient simply got into very bad company and had to stand the consequences.

I now remember to have said to my surgical colleague on leaving the house after our consultation, "We shall find a beautiful mess in that belly tomorrow." He agreed fully, but added, "provided he is alive, which I very much doubt." It will be noticed that this mistake on the side of conservative treatment saved the patient; will as much be claimed for an error under "expectant" methods?

Surgery is a beneficient art, sometimes uncertain in theory and generally dangerous in practice, but the conditions demanding surgical interference are so different from those requiring therapeutic measures that comparisons are generally inapplicable. I have no patience whatever with that curious blending of cowardice and ignorance which permits a hole to rot where one ought to be cut. The knife may glitter with a terrible beauty, but compare its swift and saving strokes with the clumsy and deadly progress of gangrene. An inch and one-half incision in the side may not be the most desirable acquisition for a patient, but it shines with beauty and hope as compared with a succession of pus pockets, masses of dead omentum and a jagged perforation through the intestine.

It is incumbent upon those who oppose the operative treatment of appendicitis to supply without delay a set of reliable rules whereby the pathology of the right iliac region can be revealed without the sense of sight. The most careful and experienced surgeons admit, without exception, that touch reveals nothing that can be relied upon. The appendix vermiformis is a dangerous and treacherous tube and there is not an abdomen in Christendom which would not be safer without it than with it. This is what I say to the patient when called upon to operate: "I will be responsible for all that comes, if you will stand for all that is past." If he is willing to guarantee his pathology I show my faith in my surgery without unnecessary delay.

Society Reports.

*HYSTERIA—ANATOMICAL CONSIDERATIONS.

H. V. HALBERT, M. D.

Formerly an anatomical lesion of Hysteria was not considered a possibility; a predisposing tendency was its only excuse. More searching study has shown that all systematic symptoms depend upon some irritative influence or physiological irregularity which means in the end an anatomical perversion. It will be necessary to differentiate the general or hysteric phenomenon from definite hysteria. The first refers to peripheral disturbances, nervous excitements from without, imaginary or superficial, dealing only with peripheral sensory fibers, showing intermittent and widely varying symptoms. The latter variety (hysteria) points to a localized change in nerve cells, entailing a regular, recurring set of symptoms; the perversion is purely cerebral, leaving a definite sign of a lesion, even though superficial in character. In the former, the irritation remains in the contributory fibers, is not marked by systematic symptomatology and may be brought about by inherited tendencies impairing self control, exciting surroundings or agitation of viscera which disturbs a plexus or branch of the sympathetic; this may closely simulate hysteria.

If this irritation progresses along the sensory fibers of the cord and finally disturbs the cortex, we look for hysteria proper; the brain cell change may be congestive, anæmic or purely psychic.

In considering the different regional irritations, called reflex, which produce hysteric symptoms and contribute to true hysteria, a review of the sympathetic system becomes important This great system seems to act as a balance wheel to the rest of the nervous mechanism and any interference with it plays havoc with the general nervous tonicity. Remembering the intimate communion between the *cauda equina* and the lower

*A digest of a paper read before Homœopathic Medical Society, of Chicago, April 3d, 1895.

sympathetic branches, it is easy to see how a diseased rectum may convey a sudden or persistent shock to the central nervous mechanism. The connection of the individual plexuses of the generative organs with the cord through the *rami communicantes* and the nerve supply of the bladder through the vesical sympathetic plexus and the third sacral nerve, gives complete anatomical proof of the important influence which this region bears toward any nervous explosive impetus so frequent in hysterical paroxysms. In the male, the definite relation of the pubic nerve to the neighboring sympathetic ganglia and the fact that its sensory filament from the glans passes directly to the sacral cord, refutes the idea that sexual excitement in the female alone, induces the hysteric tendency. In the formation of its ascending plexuses, the sympathetic branches out as a regulator of the kidneys; then we trace this system from the intestine to the liver, and from there to the stomach, meeting the consummation of the sympathetic ganglia in the great solar plexus, giving us a reasonable excuse for "globus hystericus." The pneumogastric, in its intimate anastomosis with the sympathetic, if stunned by a wave of sympathetic excitement, may inhibit the arterial throb and produce a dangerous stasis to the cerebral circulation. It should be remembered that the sympathetic gives a communicating fiber, if not a ganglion, to every special nerve and may be a chief cause of a corresponding local neuritis.

From the cranial nerves we may choose four which are most frequently concerned in cerebral irritation, the *Olfactory*, *Motor Oculi*, *Trigeminus* and *Auditory*; these, in brief, from their places of origin, and the course, distribution and multifold communications of their fibres, explain how we may have hysteria from one of many possible reflexes. Thus, lesions of the face, teeth, palate and spheno-maxillary fossa would be reported through the *Fifth* nerve; pathological changes in the mucous membranes of the nares or frontal sinuses, through the *Olfactory*. The *Motor Oculi* governs not only the ocular muscles, but, through the *Ciliary* ganglion, the iris and ciliary muscles and is liable, in case of any perversion, to implicate the *Optic* nerve. The course of the fibres of the *Auditory* nerve is similar, in part, to that of the *Optic*, explaining many symptoms frequent in hysteria.

Through the communicating fibres, one part of the brain surface is apprised of any impression imparted to or created by another part, so that excessive stimulus from without is liable to produce three different resultant conditions: First, if the stimulus is slight, it will produce sudden cerebral congestion, through the vaso-dilators; as a result there is a tetanic or epileptic muscular spasm, which is so marked in the prodromal symptoms of hysteria. Secondly, excessive stimulus from without may so shock the cerebral vaso-motor system that the constrictor nerves shut off the arterial circulation enough to produce a temporary, though often a profound anaemia. In this state cerebral coma simulates epilepsy or the graver inflammations; or, excessive reflexes are liable to appear in the form of persistent contractures.

Finally, any irritation which disturbs the motor cortex will sooner or later reach the emotional center and herein we find the exaggeration of the emotional idea; this will explain the changeable and excitable anxiety, the extreme depression or exalted hilarity so often found in hysteria.

When the cerebral cortex reaches a state of general irritation, there are three dangers which follow hysterical attacks: (1) The possible dissolution of motor force, with resulting paralysis. (2) Cerebral disintegration, leading to melancholia or imbecility. (3) The interference with trophism. The location of the trophic cell is certainly near the anterior gray matter of the cord, but just what it is, as well as the scope of its power and function are still mooted points. Destruction of the anterior cord cells leads to loss of muscular function and atrophy, but, in sympathy with trophic destruction, the tract fibres of Clark and Gowers are impaired, and thus interference with co-ordination is a persistent symptom.

The aim of this paper is to demonstrate three truths: (1) Any one of the peripheral or spinal contributory fibres may be an incipient cause of hysteria, when it suffers from a contiguous pathological condition. (2) The sum total of afferent irritations is conducive to cerebral excitement. (3) The necessity to a correct diagnosis is a perfect knowledge of anatomical considerations.

GENERAL MANAGEMENT.

N. B. DELAMATER, M. D.

Hysteria, which is classed as a functional disease of the nervous system, is a condition in which volition is depressed, emotions exalted, accompanied by constantly changing symptoms, simulating any known disease and resulting in various pathological tissue changes.

Causes: Heredity, direct or indirect, as from occupation, habits, mode of life, dissipation, organic nervous diseases, tuberculous or other transferable strumous diseases in the ancestors. Acquired tendency or predisposition may be from improper care or nourishment in early childhood, or too much care and bad education and environment. The most fruitful source is from reflex irritation and the sexual organs, including the sexual centers in brain and cord, are responsible for the great majority of cases. Defective vision from errors of refraction, the various heterophorias producing eye strain, diseases, malformations and abnormal growths in the nasal and pharyngeal passages and disorders of the rectum and anus must also bear a large share of the responsibility.

The first thing to determine is whether you have an anatomico-pathological disease, a genuine neurasthenia, even an actual insanity, or merely a simulation. If discovered to be a case of hysteria, remove all sources of reflex irritation. This includes errors of vision, ear, nose or throat trouble; digestive insufficiency; adherent prepuces; the frænum, external meatus and prostate; the clitoris, lacerations of cervix or perineum; the ovaries, and, in short, everything about the body which can produce irritation should be rendered non-irritable.

I tell the most of my cases the nature of their trouble, explaining to them that hysteria is as much a disease as typhoid fever, and in no way accusing them of any deception. There is no more cruel thing than to tell a patient suffering from hysteria that they can stop all symptoms by mere volition; it is not true, and, moreover, is liable to aggravate the condition. Proper, helpful, encouraging sympathy they crave and should have, but show no hesitation, suspicion or fear of bad results. Unreasonable or immaterial directions should not be given, but a rigid adherence to reasonable requirements should be insisted upon. All promises made to them should invari-

ably be adhered to. The next great essential is proper nourishment, for unless you can establish thorough, full nourishment and assimilation, you will fail to cure. This means regulation of the digestion, the excretions through the lungs, skin, bowels and kidneys. Make a full quantitative analysis of the urine passed in twenty-four hours, including tests for urea, uric acid, phosphoric acid and a microscopical test or examination of the sediment. Mental or physical rest, as the case may require, must be insisted upon. If physical rest, use electricity, massage and passive exercise; if mental rest is desirable, physical exercise may be carefully prescribed.

If the general nutrition is low, excessive feeding is absolutely necessary; large quantities of easily digested food should be given at frequent intervals—the stomach tube may be used if necessary.

One of the great and absolutely essential elements is control of the emotions, accomplished by the removal of all those environments which excite emotion. This includes certain kinds of reading, amusements, occupation and social life.

The great, fundamental principle of treatment, however, lies in the realm of suggestive therapeutics. It is here that our best and most effective work must be done; it is here that we find scope for all the tact that we may possess. It is here that we are obliged to use observation, experience and profound thought; it is here that every case is especially individualized. I do not mean that it is necessary to hypnotize them. There are a few that you cannot cure unless you first get them in that condition where their subjective mind is in the ascendency for the time being. As to medication, *the first in importance is a careful study of the materia medica, without reference to whether a remedy is classified as hysterical, or not., Select with long, careful, discriminations study the indicated remedy, not for the transient symptoms, but for the individual and the fundamental and abiding tendencies.*

HYSTERIA DISCUSSION.

Dr. Lemuel C. Grosvenor—"I have enjoyed both papers very much and want to allude briefly to a point brought out by Dr. Delamater. He mentioned the fact that these cases, some of them, must be forced with food, or we shall fail to cure

them. In the line of this thought I want to speak of two cases, both hysteria-mania—or puerperal mania as it is sometimes called—neither of which made any advance toward recovery until we began feeding them. The first patient thought we were trying to poison her and refused all food or drink, so, three times a day, we introduced a stomach tube and filled her up with oyster broth, boiled milk, mutton broth, etc. On the third morning, as we were preparing to give her a breakfast in this manner, she looked up and told us she believed she would take it in the old way. She was all right again, but I believe we should not have had as good a result without the feeding. The second case was one where I was called as counsel. On the fourth day after confinement the lady had developed decided mania—no one could get near her or handle her. She, however had no fear of being poisoned, but was ready to eat; was fond of her babies—for they were twins. I told the physician with whom I was in consultation that I considered the outlook decidedly hopeful and anticipated good results within forty-eight hours. I called in after a few days and found the patient all right. I desire to emphasize the necessity of seeing that these cases of hysteria are well nourished.

Dr. W. A. Smith:—I know of no subject of which I positively know so little as I do of hysteria; my object, in speaking at all, is to get the discussion fairly started, so that I may learn something about the treatment of these cases. As I have studied them the question comes to my mind as to whether urea has something to do with them. In treating a case of this character, the patient is apparently getting better, when a free flow of urine follows an attack, you leave her with the knowledge that she will soon recover, and this has caused me to wonder if many of these attacks do not arise from the retention of urea in the system. The urine of a woman, following an attack of hysteria, is frequently so deficient in urea that it resembles spring water more than urine. I have analyzed the urine in a goodly number of cases and have been struck with this absence of one of the constituents of normal urine. This thought may be the key to the study of a more successful treatment of these cases and that the womb has less to do with these attacks than the kidneys. I am a

thorough believer in suggestive therapeutics in hysteria, and remember a case where I put the patient to sleep with two drops of the mother tincture of alcohol, telling her that it would produce a sound sleep and warning her that if she took too much of it, it might be difficult to arouse her. There is a great deal about hysteria which we do not understand and I want to hear of a more successful treatment of it. I have almost had the hysteria myself, while taking care of some of these cases; I have had to pray and do almost everything. I heartily advocate any plan of treatment which will get the hysteria patient aroused, so she will think of something besides herself. I should like to hear from Dr. Foster upon the subject.

DR. R. N. FOSTER:—I don't know much about hysteria; I have learned something about it tonight. I am glad to have an opportunity of saying how much I am indebted to the two essayists of the evening for their excellent papers; for the manageable form in which they have put the subject, scholarly, compact, and true in every particular. The great difficulty lies in the fact that there is nothing to attack; it is difficult even to add anything to them. The general presentation of the anatomical basis of hysteria, as given by Dr. Halbert, is admirable, clear, and undoubtedly true. The connection between the sympathetic—between the diseased organ, we will say first —it may be, if you choose, and endometritis or an endocervicitis of a pregnant womb—the connection beteween the endocervical membrane, the fibers of the sympathetic directed to it, and the spinal fibers associated with it, sufficiently explain the nervous pathway by which the disease ascends and attacks other parts of the organism. This mode of looking at it brings the whole subject in all its forms into one general form or classification. When this endocervical victim is troubled with excessive vomiting—i e, the sickness of pregnancy—we have this disease reflected, or carried up to the stomach, where it spends itself in disorderly explosions. There is nothing the matter with the stomach; the disease is really hysteria. I believe the word should have been more carefully defined; some people rule it out as an improper term. I reason in the same way about hysteria, as does Dr. Grosvenor, who suggests that puerperal mania is an hysteria, which it is. The

word means "wombism," a womb disease. If this disease is reflected, if it is still more vigorous, or the spinal system less resistent, it is carried still further into the organism and finally invades the cerebellum, or posterior cerebral lobes and the emotional centers and then we have, not vomiting, but cerebral disturbances. I want to say a word in defense of the older physician who called it "wombism"; it was right. I do not know how many of these cases, I will not say all, are a manifestation of womb disease; and there is this much to be said in favor of this view, which was not brought out in the papers. (1) It rarely appears before puberty. (2) after the menopause, or (3) in men. These three facts are sufficient to associate it with the womb and to establish its character as a womb disease; its violence, its exaltations, its emotional and willful character all stamp it as having relation to the sexual condition, or the womb. I will not say however, that it is not connected with anything else. It is more frequent at that period of a woman's life when the sexual functions are most active. I want to emphasize the treatment, as set forth by Dr. Delmater; it is cruel to tell these patients that their symptoms are imaginary and that they can do better if they will only try. I think the homœopathic remedy is the best remedy in many cases; lying as Dr. Smith suggests, may be a good remedy sometimes, yet I doubt if it worked a genuine cure—they are prone to recur. I believe that many of these cases, not the more severe, but the transient forms, are curable by moral and physical hygiene. I have known cases where the woman would say "I know I am hysterical and I'm ashamed of it, but I cannot help it; what shall I do.?" I believe that such a woman will get well, and will do it by moral and physical control. These very emotional people are sometimes the gentlest and most easily influenced, prone to do everything in an excited way, and so prematurely exhaust themselves. They have a baby and are exhausted; they have a tiff with the husband, become exhausted and finally go into a fit of hysterics to bring him to time. Get them to understand that too much excitement, society or hard work will lay them liable to attacks of hysteria and pursuade them to grow quiet. When they are cured they are the most serene and lovely of their sex.

DR. E. S. BAILEY:—I always liked Dr. Fellows' definition of hysteria; he says "It is not a single disease, but a whole host of diseases." We were once taught that hysteria was simply an emotional disease but this is not far reaching enough to answer present demands. I like the plan laid out in tracing the anatomical lesions, as presented in the paper of the evening and believe also in the outlines of treatment as set forth by Dr. Delamater. I am also glad that the limitations of age and sex are removed. The veterinary colleges are teaching that hysteria is found in many animals as a disease.

Hystero-neuroses, or hystero-epilepsy, the forms of Hysteria that come oftenest to the gynaecological specialist, seem to have a decidedly local origin. They seem added to a highly neurotic and exquisitely sensitive sexual system, or sexual centers, so much so that there is a belief in the minds of some diagnosticians that some cases are pure epilepsy plus pure hysteria. Charcot, to whom we turn for data, says "no" to this; that, however exaggerated, the hysterio-neurosis is true hysteria, having its origin in the sexual system and that the following are diagnostic points which are easily seen by the clever diagnostician; in all cases there is the *aura*; this is a vague, transitory, subjective symptom, usually beginning in the iliac region and is the warning of the approach of a paroxysm. The characteristic attitudes follow in *rapid* succession; the patient screams, fights, cries or writhes in contortions, with but little length of time for anything she may do. Next, all that she does is *greatly exaggerated.* If she complains of pain, it is altogether out of proportion to her environment and expression through other symptoms. The characteristic of the hysterical fainting is that, instead of the deadly pallor, there is often circumscribed *flushing* of the face; a smile shines through the mask, rather than a death's head. The pulse falter some, but not in the same way or to the same extent as in cardiac syncope. In the hysterical paralysis the muscles respond to the electrical current and show no diminution in their excitability. During the supposed unconscious conditions the patient does herself no bodily harm. In hystero-epilepsy the temperature rises 101° F., whereas, in true epilepsy, it may reach 105° F., after a series of fits and may remain there many

hours. Scores, or even hundreds of these attacks may occur in twenty-four hours and the patient's health seems little interrupted, whereas, in epilepsy, such recurrence of paroxysms, no matter if they are slight, would be very detrimental. In hysterio-epilepsy the prognosis is usually favorable, provided the conditions of heredity or the constitutional lack is not great.

Two points more and I am done. I quite agree with the paper on the forms of management, but I think so far as the origin of the disease is concerned, that if it be found necessary to examine the reproductive system to find the lesion, that it be done under an anæsthetic. This disarms the patient of whatever use she might make of the results of the examination and it gives accuracy in determining the necessity for surgical or non-surgical interference in her behalf. I am also persuaded that there is very great benefit to be derived from the understanding and use of the art of suggestion, the modern and best forms of hypnotism. It is in exactly these emotional cases that the most remarkable cures seemingly are attained."

Dr. H. W. Pierson.—"It would seem, in the study of this question, hysteria, that we are dealing with that class of diseases which prevails in a greater or less degree in every case requiring the attention of the physician. Like all other diseases, hysteria is a perversion of the functional activities of the body. The first evidence of this is in the disturbance of the sympathetic system, and this disturbance leads to manifestations in different parts of the body, dependent upon the character of the disturbing influence. For this reason we should not look at the local manifestation as the disease itself, but must look to it as a guide, pointing to that part of the sympathetic system controlling the nutritive functions of the parts involved. Neither the local manifestation of the disease, or the disturbance of the activity of the sympathetic system could exist without some derangement or interference with the action of the vital force itself. For these reasons it is imperative for us to begin at the very foundation. Remember that it must take time to remove the impressions which have been made and that we must take into consideration the constitutional tendencies, and the environments surrounding the patient. When these are taken into consideration no one is better pre-

pared to treat these cases than those who understand the sphere of action of the indicated remedy."

E. H. PRATT, M. D.—"If a boy falls upon the floor and bumps his nose, which is responsible for the blood which flows —the boy or the floor? If this body is my crystalized life, if what I prefer to do, say or eat, crystalized, makes myself— and if myself turns upon me and I get into grief, which is the cause, the way I acted in the first place, or the reaction of myself upon me?

I don't agree with Professor Foster. Hysteria is not confined to women, is not limited to middle life, but is common in children of all ages and both sexes, and in men as well as women. The original meaning is from "Husteron," meaning "womb," showing that the ancients had an idea that it started from sexual deviation of some kind or another.

But let me ask a few more questions. If a boy gets to crying and cries so hard he cannot stop and, long after the cause and excitement are past, his parents have to put his fingers in hot water in order to get them straightened out and finally have to put him to bed and let sleep restore things to their natural order, is that hysteria? I saw a breast today, with a tumor in it for about two years, which started, as far as the patient knows, from watching over for some months a sister who finally died from a cancer of the breast; is that a case of hysteria? If a speaker, before speaking, has to urinate, is that hysteria? A speaker coughs before speaking, and several who follow him do the same thing—is that hysteria? I have seen a catheter passed and a temperature of 102° reduced in an hour—is that relieving hysteria? Are all our troubles hysteria?

We all know that there are hundreds of women who have clitorides with adherent hoods, yet who do not have hysteria, and many a hooded clitoris is found in hysterical cases. There are many malformations which cause hysteria in some people, while in others they do not. What is this disease, this indefinite something, which causes us so much trouble? Sunlight is all white and what causes the variations of form and color is simply the action of it as it strikes the earth, after filtering through the atmosphere; so the symptoms of

ease and should have been glad to amplify had I the ability and time, but the papers must necessarily be short and compact to come within the time limit. I merely want to revert to the main idea—which I hope will not be misunderstood—and which was to give an arbitrary distinction between what I call hysteric symptoms and hysteria symptoms. These pertain to a pathological condition which may affect every nerve fiber, peripheral or central, which contribute to or tend toward the brain. When we have the effect carried to the brain, we have established an irritation in the cells of the cortex and then we have true hysteria. I should not call the cases mentioned "Hysteria," they might be called "hysteric." Any irritation, resulting from a pathological condition, which does not reach the brain, cannot produce hysteria proper. For that reason we may have hysteric symptoms without hysteria.

DR. N. B. DELAMATER.—There is only one point I wish to speak about; my friend, Dr. Smith, asked a question about the relation of urea to these cases. There is no doubt in my mind that both urea and phosphoric acid are important factors, both as a producer and as a resultant. Urea being retained in the system, after being manufactured there, will act as an irritant—this refers to *day* urine; as to the urea secreted during the night, according to our present knowledge, it seems to have a quieting influence. I believe there are other elements in the urine, not yet understood, which account for this. It is my habit, in my own cases, to have a complete quantitative analysis of the urine, particularly in reference to urea, uric acid and phosphoric acid. If a patient is generally well nourished, of full habit, active mentally and physically and the excretion of urine is low—say forty to sixty per cent of the normal amount—and I can prescribe so as to bring about an increase in the excretion of urea, and nothing else, I almost invariably cure him. If I find that my patient is excreting too much uric acid and I can reduce the excretion to normal, he will get well. If the phosphoric acid excreted is less than forty per cent of normal and I can increase to normal, I shall cure that class of cases.

As to all those cases, where the evident object of the symptoms and the desire of the patient is to attain her own ends, I do not call them hysteria. They may be the result of unbalanced conditions, but have not yet arrived at the point where they should be called "Hysteria."

ORGANON AND MATERIA MEDICA SOCIETY OF PHILADELPHIA.

Society held its regular meeting at 613 Spring Garden street February 5th, the President in the chair.

After the roll call, the minutes of the December and January meetings were read and approved.

The Organon reading was omitted, the essayist being absent.

Dr. Kent gave an interesting talk on the use of Syphilinum, as follows:

"I do not intend to go over Syphilis as a disease, nor a proving of syphillinum, for we have none; but on a knowledge of certain symptoms in syphilis, by analogy, application has been made of this substance to the cure of sickness, and hence the clinical use is about all there is to present, and so I would have you put it "what we may expect to cure by the use of this agent," this substance, Syphilinum, which is a nosode, a product of the disease, syphilis. It is well known in the use of Psorinum, that psoric cases act badly after fever, and those suffering from active forms of psora, and even passive forms and deep seated psoric conditions react badly after fevers. This is a part of the old practice. When the typhoid psoric patient begins to react, he lies in a quiescent state for many days, and sometimes many weeks, in an apparently do-nothing condition. He will not die, nor will he get better. The old men gave psorinum when the symptoms had subsided and the patient failed to react. Once upon a time it occurred to me when I had a syphilitic patient from prolonged malarial attacks; he would not react but stayed in a passive state a long time, it occurred to me by analogy that Syphilinum would establish his symptoms more outwardly, would turn the current ontward, whereas the whole current of disease was turned inward, the direction was wrong. I noticed that he rallied at once after a dose of Syphilinum. It was a syphilitic condition. He had been mercurialized and drugged, and cured, (with an interrogation point) twenty years before. Well that was only the use of Syphilinum by analogy, a clinical state. It was successful, and many times since have I used it where there was a lack of reaction. The tendency in psoric cases at the end of a fever is to fail to rally, the tendency of the syph-

ilitic case is to fail to rally. Well, in each of these conditions I give a corresponding nosode. Now, I do not want any one to think that I would attempt to cure a case of sycosis, of gonorrhœa, with Medorrhinum, nor of syphilis with Syphilinum, nor of psora with Psorinum. But I will tell you what these remedies will do. When these cases are protracted after spurious medication, or by disease, in their feeblest moments, their symptoms tend inwardly and in these feeblest moments, the corresponding nosode will throw the symptoms outward, and the patient will rally. It does not cure, but tends to throw the trouble outward, so that the broken down constitution will have external manifestations and be relieved. And hence, what is true of this remedy in its use in the broken down state, or in a state following an acute sickness, is simply true generally, a general truth. These things I have found to be so. Then in all cases after an acute sickness, in an old syphilitic, who perhaps has been apparently cured for twenty to thirty years, (in an old man who was a sinner in his youth, and suffered from vicious treatment,) and fails to rally, the corresponding nosode will clear up the symptoms. He will have symptoms, he will have a better state, he will rally. Now, do not call this a cure of the miasm, it is simply restoring the patient to a new state. Then in all cases where there is a lack of reaction after acute disease, in old cases of syphilis, Syphilinum may be thought of. If there are outside indications for a remedy, follow your indications always, but you will find that the case I want to emphasize, is a case where there are no symptoms, weak, tired, but does not rally, and in such instances the patient threatens to die. Inability to secure indications for a remedy apparently indicated. Now this is due to the fact of a one-sided case, only a few symptoms failing to indicate all his remedy, several remedies having been given, the rally does not come, the reaction of the patient does not come, and a dose of Syphilinum in an old-standing case, will cause the symptoms to be more orderly, and will sometimes cause a moment's rally, and a return to health. Not a cure of the miasm, it is not recommended for syphilis. Now, in old cases of syphilis it is well known after twelve, fifteen or twenty years, the patient has been in a state of quiescence, drugging has probably ceased, but the patient begins to

lose his memory, he has brain fag, he is tired, he has periodical headaches, lancinating pains through the eyes and head, and back of the head and down the spine. His brain begins to give out, he has signs and symptoms of softening. We recognize, of course, his syphilitic miasm has been subsiding. He has had large doses of Mercury and Iodine and improper treatment. The syphilitic miasm is inhabiting his interior, his vital force. Now, in this gradual decline, mental and physical, Syphilinum is necessary. You have no symptoms to prescribe on, or there are so few that it constitutes a one-sided case, but after the administration of Syphilinum he gets a more orderly state, and remedies will operate. I have seen after a number of years, a state of wild excitement, violent delirium, throbbing carotids, red face, high temperature, entirely removed by a single dose of Syphilinum; utterly useless to give Belladonna and the acute, short acting remedies in such cases; if they palliate to-day the patient is much worse to-morrow, but in such a case of syphilitic insanity, particularly, is this remedy suitable.

Now, where the patient has suffered from syphilis, falling of the hair is a striking feature, to be relieved by Syphilinum. Most troublesome headaches I have seen pass away. Long lasting headaches, lasting several days and coming back, a regular periodicity, violent headache with cutting pains, bi-parietal head pains, feeling as if the skull would be crushed in. The head pains are <at night, commencing at sun-down and disappearing at sun-rise; as regularly as the sun goes down and comes up. All painful symptoms of Syphilinum are likely to be <when the sun does not shine, at night, <or coming on with great violence at the going down of the sun, and leaving as suddenly at sun rise. I have known bi-parietal head pains, vicious, painful ulcerations, ulcers of the cartilages of the larynx, attended with violent pain, violent pain in necrosis and periostitis and violent neuralgic sufferings, to be >by Syphilinum, if the pain begins at sun-down and subsides at sun-rise. Recurring attacks of periostitis, attended with great nightly pains, old ulcers that refuse to heal, that bleed easily, having false granulations eating under the margins, undermining, burning like fire, upon the shins, old ulcers in the throat, ulcers in the nose with caries, necrosis of the bones

of the nose, so that the nose will settle in, violent pains coming on at night, the pains >by heat. It is not an uncommon thing for an old syphilitic to toast his shins and joints by a fire as hot as he can make it burn. Painful iritis with the pains coming on at night and >in the day time. Cutting, rending, tearing pains in the inflamed iris, iritis with marked photophobia, marked lachrymation, dreadful suffering. Now, these conditions are not such as are present in the acutest syphilitic manifestations, but in old suppressed cases where the symptoms have a tendency to go in, and to be appearing freely in the interior, but expressed only in the exterior in a small degree. The outward expression is not sufficient to >the economy, and frequntly with this shape, this remedy throws conditions to the surface, causes them to assume a more orderly type.

Painful affections in the cartilages of joints, of the larynx, pains <at night. Diseases of lore, necrosis and caries, and inflammations of the periosteum.

Now this substance has cured a variety of paralyses, or palliated them, and thrown symptoms to the surface, whereby the patient obtained relief. One-sided paralysis coming on slowly. Paralysis affecting one side, that is the arm and the leg, paralysis of the face and the eyelids, ptosis.

The persistent eruptions upon the skin in old cases, with hardened formations, indurations beneath these eruptions, and horn-like crusts that are laminated, called rugæ. Destruction of tissues, particularly in soft parts, like the soft palate and uvula by a process of ulceration, even the hard palate, the ulcers spread rapidly, there is entire destruction of the soft palate.

A peculiar feature of old syphilitics is their violent, overwhelming craving for strong drinks. This is so well known in old syphilitics that this substance ought to have in its nature a craving for alcohol, and in low broken down constitutions, even when the patient has not had syphilis, Syphilinum may be sufficiently similar in some cases to overcome the craving for alcohol. Belonging more to the nature of calcarea, which is also a chronic in deep-seated psoric cases, a craving for alcohol.

In the paralytic affections I forgot to mention the tendency of the rectum to such conditions. Inveterate constipation from

this cause. A paresis, rather a mild form of paralysis of the rectum. I have several times cured fistula-in-ano, and also fissure, with Syphilinum in old long standing cases that have oozed steadily; the tendency to form fistula, pipes from glands, from cavities, from old disease cavities, fistula, pipes, the walls becoming indurated and smooth, shiny and glossy, no tendency to heal or repair, no action of the tissues in repair. Chronic ulceration of the anus and rectum, chronic ulceration of the uterus, prolonged or chronic leucorrhœa, thickening of the walls of the vagina, fungus granulations; upon mucous membrane, especially the vagina—wart like, hard, indurated tumors, growing out from the walls of the vagina and vulva. Unlike sycotic warts because of gummatous formation.

Now, those paralytic affections and those affections that come from fifteen to twenty years after suppression, are similar to a gumma forming. The ulcers are sometimes absolutely painless.

Psoas abscesses, chronic fistulous openings from psoas abscesses; glands enlarged and hard; enlarged glands of the neck and about the jaws, resembling closely Hodgkin's disease, extending wherever there are lymphatics, night sweats, emaciation and death.

The Syphilitic pains that come on in the night are like Mercury, and it is no wonder that Mercury is such a great antidote or curative agent in the Syphilitic bone pains, because the pains that Syphilinum cures are night pains, nearly driving him to despair. They make him walk the floor, walk up and down his room by the hour, but are relieved by heat. Now, Mercurius pains are relieved from the heat of the stove, but are <from the warmth of the bed. I do not know whether the pain that Syphilinum relieves is <from the warmth of the bed like Mercurius. I am not aware of it.

In hip joint diseases in children where parents were Syphilitic, in fistulous opening and abscesses and old troubles where the child threatens to wither, Syphilinum will throw out eruption, and will throw out ulcers, and will evolve conditions, that is, will turn the symptoms the other way, from the interior outward.

This is one of the most important functions, as a developer,

as a means of turning symptoms from the interior to the exterior.

Syphilinum has cured osteo-sarcoma of the tibia, with violent bone pains at night. It has also cured tendinous contractions behind the knee.

DR. JOHNSON-OLDS.—If Dr. Kent has anything more to remark I beg to move that he be allowed to continue.

Dr. Kent not desiring to say anything more, the subject was thrown open for discussion.

PRESIDENT.—I for one am very glad to hear this lecture upon Syphilinum. So many of the homœopathic profession, either say they will have nothing to do with the dirty stuff, or if they do use it, it is in this way. When they have a case of syphilis, they give Syphilinum, or Medorrhinum for a case of sycosis, which, of course, is nothing more or less than routine practice. I should like to ask if the symptoms that are given in Hering's Guiding Symptoms under Syphilinum are all clinical, or symptoms of the miasm itself.

DR. KENT.—There has never been any proving. The symptoms have been gathered from the miasm and relief of symptoms. It is a very imperfect thing; there are some good things in it, but it is imperfect.

An interesting paper from Dr. Rushmore, a translation of Boenninghausen, Aphorism XX, was read in lieu of a paper on materia medica.

APHORISM XX.

During and after the occurrence of a crisis, neither through medicine nor any other exciting means should a further activity be developed, or the action already present be heightened, but we should then quietly wait its further course.

This is one of the most important of the maxims developed from the most careful observation of the course of diseases which is not earnestly enough taken to heart, which deserves so well to be followed, and of which manifold violations occur.

When we observe the evil practice of many physicians and read in the frequently changed prescriptions, "every two or three hours," without allowing the necessary time for the working of the medicine, we have full reason to assert that the proceeding is in no wise Hippocratic, and a just perception of physiological processes is thoroughly irreconcilable with a cure

If on the contrary Homœopathy takes in any respect the Hippocratic point of view, it is in this which concerns the healing operation of medicine. The corresponding paragraphs in Hahnemann's Organon as well as what this acute observer says in the first volume of his Chronic Diseases allows not the least doubt in regard to this. The practice of all experienced Homœopathists confirms this also in its results.

This may, therefore, be the most fitting occasion to consider in a few words what the Homœopathists regard as the fundamental principles of their method and by which accordingly they are guided in practice.

All diseases, according to this view, rest upon an inner, immaterial, purely dynamic distunement of the vital force whether this be limited to a single organ or pervades the whole organism, and if at the same time there are present in the body foreign or corrupted elements with the single exception of such as are introduced from without they are to be regarded as only the products of this disturbance of the orderly life force and never as an essential cause of sickness, with the expulsion of which health would be restored.

In opposition to these natural diseases, many substances contain a similar, purely dynamic, vital force disturbing, that is sick making, property, which in order to distinguish them from pure nutrients are called medicines, and by which they have the capacity of producing such diseases, as to outward similarity, as nature herself produces without any need that their inner secret essence should be the same; for this is and must ever remain hidden from our eyes with an impenetrable veil.

It is therefore a truth, certainly not through pure reason demonstrable, but confirmed by the most constant experience that medicines have generally the power of healing certain diseases. At the question "under what conditions is this accomplished?" the two schools divide, if until now they have gone harmoniously together, in that the allopaths take *contraria contraris*, the homœopath *similia similibus* for his guidance. Meanwhile both agree that only the vital force properly awakened by medicine can work the healing and that without this and without its reaction every remedy must remain completely inactive.

In this efficacious reaction of the vital force we Homœopaths perceive the basis of what we understand by first action and after action. The first working of a medicine is that which follows the immediate action of its sick making property on the living organism. The after action consists however in the opposite working of the same active vital force against this attack upon itself. Both sorts of operation stand therefore in decided opposition to each other and although both are to be considered as equally the product of the mutually dynamic power of the life and of the medicine still in their contest with each other they present differences easily recognized by the practical eye.

The complete cure of a disease is then the immediate result of the after action, in which the living and incessantly reactive organism ever increasingly gets the upper hand in its contest with the medicine until the latter and simultaneously with it the natural disease, whose place the medical action had taken, is wholly overcome and annihilated and thereby the health is again restored.

From the foregoing it will be easy to understand how very careful the Homœopathist must be not to disturb the contest between the first action and the after action of the medicine, nor to seek to help the latter by repeating the dose and thus inevitably prolong the strife. According to our conviction nothing is therefore more unsalutary and dangerous for the physician than impatience and he will never be obliged to regret a patient waiting, so long as he is able, by means of his exact knowledge of the peculiarities of the medicine, to perceive the reaction in full activity, and not to find cause in the changing symptoms to employ other medicines in regard to this last cause, or occasion however which does not often arise, the Homœopathist has the most certain criteria and precautions at his command, by means of which he will not easily be exposed to the danger either of injurious haste or of hurtful delay.

In concluding these comments it remains only briefly to say that the time of waiting after perceiving the first working of a medicine is extremely variable, according to the duration and nature of the disease. If in the acuter diseases, as for instance in cholera, this time is measured by minutes, if in the most

painful sufferings of such kind, instant relief and rapid cure are possible; in chronic diseases whole weeks must pass before the curative reaction begins to show itself, and especially in these tedious old chronic sufferings is the too rapid repetition of the dose or the too early change of prescription most injurious, in that the harm can only with difficulty and with great loss of time be overcome. On this crag the beginners in Homœeopathy are most easily wrecked especially such as have served long under the flag of Allopathy.

PRESIDENT.—Any remarks? I should like to ask if it is true that the Allopaths believe that the medicines act upon the vital force, or through the vital force?

DR. JOHNSON OLDS.—Is it not true that the Allopaths as a class would ridicule the idea of the existence of a vital force?

DR. KENT.—Modern physiology does not deal with the vital force, or does not recognize any. But Hippocrates was a thinking man, and may have said a good many things that lead us to conclude that he acknowledged a vital force. He even acknowledged that disease could be cured by similars, so that we can hardly say that was an aphorism of Hippocrates that the Allopaths now take into consideration a vital force. They certainly cannot say that their remedies act upon the vital force, when their own physiology does not acknowledge a vital force. Lecturers at the present time on Physiology will state that, yes there was a statement regarding the vital force, but we have outlived that theory. He just moves and goes without any cause, and he stops moving also without any cause.

PRESIDENT.—Modern physiologists evidently do not deal with causes at all but only with effects.

DR. JOHNSON OLDS.—That is certainly true of Allopathic medicine in ordinary practice.

DR. KENT.—All of Bœnninghæusen's remarks on the aphorisms of Hippocrates are very interesting. There is a work in the German that has never been translated. It is a very interesting book. Bœnninghausen makes comments upon the aphorisms, and they are all very interesting. I hope some day that somebody will be interested enough to take it up and publish it.

Dr. Smith gave a paper on Clinical Medicine, reporting two interesting cases.

Miss E. age 18 years, came to my office September 25th 1893. She had an unhealthy appearance, was round shouldered and slim, had been taking an old-school mixture. This was the first time she had given her symptoms to a Homœopath. They were as follows: "I have hay fever, sneezing, commencing the latter part of August."

Continual dropping in the throat of a thick, yellow, stringy mucus, worse mornings and evenings, weak since she had diphtheria.

Stitching in her throat, worse in cold weather, on getting cold, worse after sleeping.

Head. Throbbing frontal headache. Worse 3 p. m.

Eyes. Pupils dilated, eyelids twitch, sees red, purple, green, sees stars before her eyes.

Ears. Itching inside, ringing, buzzing.

Nervous. Feels as if falling apart. Worse 10 a. m. Had chills when 11 years old.

Better. In the air; in winter; tired in morning. Likes company.

Craves. Bread, butter, coffee and fruit.

Menses. Scanty, dark.

Diarrhœa. 4 a. m.

Sulphur^{6m}. One dose and Sac. Lac. every four hours.

October 23rd mucus in throat not improved.

Head. Better.

Eyes. Itching, burning.

Restless. Pleasant dreams.

Cough. Hacking, worse on rainy day.

Taste. Sour.

Sulphur^{81m}. One dose and Sac. Lac.

Cured. Has remained well, and has grown to be a healthy, well-developed, rosy-ckeeked lady.

Charley P——, age 6 months.

He was bottle fed. His mother has lost all boy children, she thinks her milk does not agree with them, so dries it up, and feeds the baby with cow's milk and Mellin's food. Child has *stool* offensive, watery, light colored, sometimes green. I gave *Podophyllum*^{2c}. For two or three days, the child grew

worse. He was emaciated, scum over his eyes, had pale, deathly look, and death was expected every hour. I discovered the child drank much cold water, threw it up warm immediately. He wanted everything cold, I allowed him all the cold water he wished to drink, food offered, but not urged to eat. Prohibited all alcoholic and other stimulants. Had him frequently bathed, and kept as cool as the excessively hot weather would permit.

Phosphorus^{2c} gave immediate relief, and he made a rapid recovery. And for two years, whenever Charley gets sick, he has symptoms calling for *Phosphorus*. One dose followed with *Sac. Lac.* soon makes him well.

Just here Hahnemann's words are corroborated.

Had *I* observed the case more diligently, I would have discovered the desire for very cold water and cold milk, and also the other symptoms, and given *Phosphorus* in the beginning. *Here* truth is shown. If we love truth we profit by our mistakes, and seek more carefully to observe God's laws, as revealed in "*Hahnemann's Organon.*" *Study* it then, and learn the intricacies of disease, and the sick-making properties of *our* "*Materia Medica.*" *Then*, our usefulness to mankind will be greater and our *conscience* clear, that we have been of use to the world and ourselves.

No discussion.

PRESIDENT.—There were certain questions that were brought to my mind by one of the members, and last evening I made a few notes regarding these, which I will now read.

Some of those present will remember perhaps, that at one of the previous meetings of this Society one of the members made the remark that "We ought to have better meetings;" he also said, "Why don't you invite more physicians to come to our Society? If we place our light under a bushel we cannot expect it to shine."

This member evidently thinks that it is our object to convert the world; to drag sinners into the meeting and make them repent. But it is not the object of this Society to stand outside of its place of business, and like the Jew endeavor to persuade people to come in. It is not our duty so to do. We believe in freedom for ourselves, and we can have the freedom *only* so long as we are in the truth. We also believe in leaving other

people in freedom. Those seeking truth will find us out, and those who do not want truth, we should not bother our heads over. In the present state of Homœopathy we have all we can do to keep ourselves from falling into the quagmire of mongrelism without going into the slums of medicine to drag others out. Besides, they would not be dragged out by us or any one else. The mire is pleasant to them. They remain where their loves are.

"If we place our light under a bushel, how can we expect it to shine?" There is a great truth contained in this question. Our light cannot shine if placed under a bushel. But as this had seemingly reference to the "Organon and Materia Medica Society", I deny that its light has been placed under a bushel, I deny that its light is dim. Its light is small but its quality is such that it burns exceedingly bright; it is because it is the light of truth that emanates from it. True, its glow does not illuminate the whole world as does that of the sun, neither does the light of a candle or of a lamp, but it gives light to those who desire it, who are willing to make use of it.

Let us for a moment examine the course of the so-called great Homœopathic societies. They all commenced with a bright light. They were founded by men who were in the truths of Homœopathy. But the brilliance of these societies did not outshine the sun, and because they did not, their members were dissatisfied. Therefore they piled on all the rubbish and odds and ends from the cellar, all the scum of Homœopathy, and see what they are to-day! Instead of giving forth the once pure light, the rubbish has occluded what light there was, and now there arises nothing but black clouds of smoke and foul vapors. Should *we* go out into the streets and alleys and shout for Homœopathy, and unite in the offal of the profession, the same thing would happen to this society. We must recognize that quality is more essential than quantity; that truths and falsities cannot dwell together without the truths becoming contaminated. There is but one course to take that we may remain pure, and that is, that evils of practice and false doctrines must be shut out.

By these remarks I do not mean that no one should be invited to these meetings. It was meant only to answer the

above questions, and to show that it is not our *duty* to go out and proclaim the Society from the house-tops.

We ought, no doubt, to have better meetings than we have had during the past two or three months. This can *not* be accomplished by inviting in the offscourings of Homœopathy with the idea that we are going to do them good, but it can be accomplished by each member doing his or her best when requested to prepare a paper for the Society; by each and every member making it a point to attend the meetings of the Society every month, coming prepared to ask questions and take part in the discussions of the various papers presented, talking for himself, not waiting for some one else to make the meetings a success.

DR. KENT.—Mr. President: You have opened the subject and hence I suppose I have a right to address you upon the same subject. The Constitution and By-Laws which you read, I wrote myself. They were adopted in the formation of this Society as suitable to its purpose then, and I have never seen any reason why they should be changed, and it is a well known common law, that anything that is not contained in the Constitution and By-Laws is granted not to belong to it. So there is nothing outside of the purposes expressed there that can possibly come into the Society, legally.

The next point is, nobody has ever been kept away from this Society. I labored diligently to get a quorum to establish this Society. I invited all that were liberally disposed to come and help form it. They would not come, they did not want to come. So it is not true that they have not been invited; I knew they would not come. Ninety-nine per cent of the Homœopathic physicians in this city will not go anywhere unless it is to some place where Antipyrin and crude drugs and new notions are discussed. We who believe differently have ideas of our own and you could not get them here. As they say themselves, they do not recognize us.

We are traveling in a peculiar road, we have our own views, and anyone that wants to find Homœopathy will seek us. We have been sought by such men and others. Once upon a time there were more of us, but what has been the result, the light grew too strong for their eyes, and they had photophobia. I am in favor of contraction, if there are only three of us, we

The Chairman of every Bureau in the Institute will be more than pleased to give place upon his or her program for the presentation of any subject germane to his department of the work, and a free and honest discussion of these questions cannot fail in their production of good. If you have been indifferent, in the past and up to the present of your responsibility in this matter, do not permit that failing to exist for another day; but firmly resolve that, so far as you may have strength and ability, you will be present at these meetings, prepared to take such part as will show your allegiance to the truth and your ability to defend the same upon a purely scientific basis.

International Hahnemannian Association. The Executive Committee of the International Hahnemannian Association have very wisely selected Watch Hill, Rhode Island, about twenty miles distant from Newport, as the place for their next meeting, and good judgment has been shown by them in selecting June 25th as the opening day for said meeting. The American Institute meets on the 20th and this will give ample opportunity for the members of the Association to attend and take active part in the important work of the Institute and by their presence and enthusiasm induce their many friends in the Institute to go over and enjoy the feast of good things spread before the members of this body. An exceedingly attractive program has been arranged by the Chairmen of the different Bureaux and the same opportunity given for the discussion of papers as is given the attendants at the Institute. We urge upon the members of the Association the importance of these meetings; many of you are so situated that you can only come in touch with a Hahnemannian brother by great effort and at these meetings you can get the inspiration and enthusiasm that comes from the association of kindred minds, which may be taken back to your several homes and spread out over the work of the entire year. Do not let anything interfere with your attendance this year and we would urge upon you the great importance of your attendance upon the Institute.

Society of Homœopathicians: The next meeting of this young and important society will be held about the 1st of July at Niagara Falls. Their sessions are open to the profession and all tickets going over the Michigan Central R. R. to Newport

will give you a ten day's stop-off at Niagara Falls, thus enabling you to attend the Institute and the International Hahnemannian Association, closing your summer vacation with two or three days of delightful recreation and instruction at Niagara Falls. The details of this meeting will appear in the June number of the "ADVANCE."

Now in reference to the attractive features *en route* to these different meetings of interest, we have but to say that the Baltimore & Ohio R. R. will start a SPECIAL train from Chicago on the morning of the 17th of June, running through to New York without change of cars; and at the same time special cars will start out from St. Louis occupied by the members of these three Associations from Denver, Kansas City, St. Louis, and intervening points of the South and Southwest, arrangements having been made with the feeders to this road through Southern Illinois, Kentucky, Indiana and Ohio whereby these coaches may be filled and then attach to the *special* from Chicago and the Northwest at GRAFTON, W. VA. Running from that point to Washington, taking on a special coach, starting from Cleveland and running through Pittsburg, at CUMBERLAND, MD., thus making one of the finest trains ever run into Washington. Reaching Washington about one o'clock on the afternoon of the 18th, arrangements are being made by which this train will lie over until midnight of the 18th, and it is expected that the profession in Washington will act in the capacity of host during the short sojourn of their brethern in the Capital city and join them in this special train to Newport on the night of the 18th. Reaching New York about 7:30 on the morning of the 19th, the day will be given to sight-seeing, taking the palatial Fall River steamer at 5:30 and reaching Newport in time for early breakfast. To those who have joined these special trains in the past, it is useless for us to speak of the great pleasure to be gotten from the fraternal associations during the trip; the editor of the "MEDICAL ADVANCE" is very desirous of making up a party that will fill one sleeper and has secured the chart for this car which will be checked off in order of notification. Kindly write us immediately upon the receipt of this journal if you think there is any possibility of joining us at any point on the trip and we will arrange to

take care of you. The trip will be arranged so that we may strike the mountains at about daylight on the morning of the 18th and thus the most delightful part of the entire journey will be spent in the day time.

To those who cannot go by the Baltimore & Ohio or those who prefer going by the Michigan Central R. R. we can say that arrangements have been completed with the Michigan Central (Niagara Falls route) for a SPECIAL train composed of their most magnificent equipment, which is contemplated will leave Chicago about *three o'clock, June 17th*, arriving in Niagara Falls, *Tuesday morning* in time for breakfast, when a day will be given to sight-seeing. One of the special features will be a trip by special train over the Electric Railway on the Canadian side, which skirts the bank of the river for fourteen miles, giving a most comprehensive view of the Horse Shoe and American Falls and visiting the many points of interest along the line. Upon returning from this trip the party will be taken over to the American side of the river visiting Prospect Park, a trip by the inclined railway to the Maid of the Mist, &c., &c., &c. After which they will board their *special* train in the evening and proceed over the New York Central & Hudson River R. R. to Albany, where those who prefer can leave the special train and take the day steamer from Albany down the Hudson River, arriving in New York in time for the Fall River Line of Steamers, leaving New York at five o'clock for New port, or they may go from Albany through Worcester to South Framingham, Mass., and thence, by the Old Colony Road to the place of meeting; or, they may continue on the special, reaching New York in the forenoon, thus having a day in New York.

All tickets going over the Michigan Central route have stop-over privileges, either going or returning, at Niagara Falls good for ten days, thus enabling those who would spend this full time at Niagara Falls to do so or to take short excursions through New York and Canada during the allotted time.

It is imperative for all persons contemplating this trip to Newport to apply either to Mr. L. D. Heusner, Passenger and Traffic Agent of the Michigan Central Ry., 119 Adams street, Chicago; W. W. Picking, C. P. A., Baltimore & Ohio R. R.

at 193 Clark street, Chicago or to Dr. H. W. Pierson, 6351 Stewart Ave., Chicago, for further information.

It may be further stated that those who cannot go by the *special* train may go by any train over either of these roads at any time between the 17th and 22nd inclusive of June and in writing for information please state whether you wish to go with the special train or to take one of the regular trains. The fare for the round trip from Chicago over the Baltimore & Ohio and Fall Rriver Steamers will be $27.70; over the Michigan Central Route will be about $30.00; we make this statement because of the error published in our standing advertisement of the B. & O.

In reference to the accommodations at Newport would say that those who have been hesitating on account of expenses need hesitate no longer, for abundant accommodations have been secured where good rooms and board can be had at $8.00 per week and where rooms without board may be had for $2.50 per week. By this you see arrangements can be made to satisfy any purse. If you will write Dr. Geo. B. Peck, Providence, R. I., he will make all arrangements for you for anything you may desire. Another important and very pleasing factor in these meetings of the Institute is the presence of the ladies, and the sessions of the "The Meissen" have proven a powerful lodestone to the ladies who have attended the sessions of the Institute ever since the same was organized.

THE MEISSEN

It has been observed that the ladies who share with the physicians, who are members of the American Institute of Homæopathy, the pleasures of attendance upon its sessions, have had no definite means of becoming mutually acquainted, and this fact has often led to a feeling of isolation and loneliness, even though surrounded by agreeable people. At the session held in Chicago in June, 1893, Mrs. Kinnie of New Jersey and Mrs. Higbee of Minnesota, together with a few others, talked the matter over and agreed that with every element at hand for the promotion of social intercourse, steps should be taken at once to make it the duty of ladies chosen for the purpose, to introduce strangers and to contribute some special facilities for the common pleasure.

This consultation led to the calling of the first meeting for the organization of an association of ladies belonging to the families of the members of the American Institute of Homœopathy. At this meeting it was voted that the first object of the Association should be to promote sociability among the ladies during the sessions of the Institute, and that to aid in this purpose, meetings should be held, papers read and discussed, and musical and other entertainments should be provided by the members of the Association and others. The working plan included a committee on hospitality, and on entertainment; the chairman of each of these committees being appointed by the president of the Meissen, who should have due regard in making these appointments to the locality where the Institute should hold its session, and that each chairman of these committees should invite to her aid such ladies to assist her in the work, as in her judgment should be necessary. It was agreed that the Meissen should have no affiliation with the Institute of Homœopathy, neither should the members of said Institute be eligible for membership in the Meissen.

The first meeting of the Meissen after its organization was held in Denver in June, 1894. The purpose for which the Association was formed met the cordial support of the ladies present, and the opportunities for making mutual acquaintance were improved and greatly enjoyed. A paper by Mrs. W. L. Jackson of Boston, suggested ways in which a wife might interest herself in her husband's professional work, including the study of dietetics, the hygiene of nursery and home making, from a scientific stand point.

Such in brief is the history of the Meissen, to which another leaf will be added at the approaching meeting of the Association in Newport on June 20th.

It is expected that short sessions of the Meissen will be held daily, of which due notice will be given, together with other details of interest to the members.

Applications for membership may be made to the secretary, Miss Emily F. Paine, 61 West 71st street, New York City, or to the president, Mrs. I. T. Talbot, Hotel Cluny, Boston, Massachusetts.

* * *

At the recent meeting of the faculty of the Hering Medical

college, Dr. Temple S. Hoyne was elected dean of Hering college, Dr. Howard Crutcher, registrar and Dr. L. A. L. Day, treasurer. It is too early to speak of the plans projected by the college for the coming year, but it may not be amiss to state that plans are being put on foot which will result in a very material advancement of the many interests of this already prosperous institution. Dr. C. W. Day, the efficient ex-registrar and business manager, started for Europe Wednesday evening, May, 8, to be gone two or three months.

* * *

We have an interesting letter from Dr. Hannah C. Reinhold, of Williamsport, Pa., commending the plan of making the MEDICAL ADVANCE a semi-monthly journal and the gratuitous publication of the Organon for the benefit of the profession. This letter is also interesting from the fact that the doctor's father was the second Homœopathic physician in America.

* * *

We were pained to learn of the recent death of Dr. H. C. Baker, of Kansas City. The notice of his death with the resolutions offered by the profession of the city has been mislaid, so we can give no more extended notice of the same.

* * *

Fifteen years ago it was our privilege to be a matriculant of the Medical Department of the Univerity of Michigan and the impressions made at that time has been intensified since we became converted from the error of our ways and lead to find truth in the principles embodied in the law of Similia. The Homœopathic department of this great university has always seemed to the matriculant in the other departments like the tail end of that institution and we had a feeling of pity for those who were enrolled under its banner; so it seems as if it were an act of wisdom for the school to be divorced from this institution, especially since the trustees of Grace hospital cordially extends the privileges of that hospital to the college should it be located in Detroit. It would be but simple justice for the board of regents to devote the same fostering care to the college in Detroit as they would in Ann Arbor, but whether they will or not, nothing should deter those interested in the success of the school from taking immediate steps for establishing a college in that beautiful city on the Strait.

PERSONALS.

Drs. Dunn, Leavitt and Chislett are abroad on their pilgrimage through the old world in search of something that will enable them to cure the sick in a better way than Hahnemann knew how to teach.

For the past fifteen years or more Dr. C. T. Canfield has lived at 244 Lincoln avenue, Chicago. On the first of this month she moves into her new home, No. 269 Lincoln avenue.

Dr. H. J. Evans, formerly of Altoona, Pa., can be found on the northeast corner of Cary and Fayette streets, Baltimore, Md. We will expect to see him board the Baltimore and Ohio special for Newport on the 18th of next June.

Dr. Milton Rice has opened an office in the Kimble block, Cedar Rapids, Ia. The Doctor is a good Hahnemannian and his influence will be felt in his new home.

Dr. J. E. Huffman, formerly of San Francisco, Cal., can be found at Petaluma, same state. The best wishes of the MEDICAL ADVANCE go with him to his new home.

Dr. F. F. de Derky has moved from Mobile, Ala., to Los Angeles, Cal., where he expects to make his permanent home for the remainder of his days. His many friends in the East will wish him peace and happiness in his new surroundings.

Dr. Roland A. Davis has given up his office on Columbus avenue, Boston, and can now be found in Boston's delightful suburb, East Somerville, corner Cross and Pearl streets.

Dr. M. M. Park, a frequent contributor to the MEDICAL ADVANCE in the Post Graduate Clinic of Philadelphia, has opened an office at 135 Broadway, Waukesha, Wis. The best wishes of the MEDICAL ADVANCE goes with the Doctor to her new home and her knowledge of the healing art is sure to bring prosperity in her train.

Dr. G. J. Gray, formerly of Canal Winchester, O., is very nicely fixed in his new office on Stewart avenue, corner of 69th street, Chicago.

It will be necessary for the many friends and patrons of the Boericke & Tafel, Chicago, to bear in mind that they must look for No. 44 E. Madison street instead of the old familiar No. 36

Suite 1210 and 1211 Columbus Memorial building, Chicago, is now occupied by Drs. E. W. Sawyer, F. O. Pease, S. Mills Fowler, J. A. Tomhagan and L. A. L. Day. Dr. Day having been taken into the fold on the 1st of this month; this might properly be called a Hering settlement since all of the above are prominent members of the faculty of Hering Medical college and we notice there is room for one more, Dr. Pease has offered to share his room with some good man.

The new Reliance building, of Chicago, has become quite a Homœopathic center and among the prominent tenants in the building may be found the names of Dr. E. H. Pratt, Dr. W. J. Hawkes, Dr. C. A. Weirick and Dr. Francis D. Holbrook. The *Journal of Orificial Surgery* has a handsome suite of rooms in this same building.

Dr. W. C. Richardson, of St. Louis, returned to his professional work greatly refreshed by his delightful vacation at his cottage in Ozona, Florida.

Dr. J. Eugene Tremaine opened an office in the Venetian building on the 1st of May.

TO MEMBERS OF THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The sixteenth annual meeting of the association will be held at Watch Hill, R. I., June 26-7, 1895.

Reduced railroad rates can be secured for the meeting of the American Institute of Homoeopathy which meets at Newport, June 20th. These tickets are good *going* from June 17th to 23d, and are good leaving Newport up to July 3d. This will afford all who desire an opportunity to attend both meetings and gives ample time at both ends of the journey. Those who do not attend the meeting at Newport need not leave home before the night of the 23d, which leaves abundant time for going by Newport and having the return certificate certified.

Watch Hill is delighfully situated a short distance from Newport and will be rembered by many as the place of the highly successful meeting of 1890. The OCEAN HOUSE has been secured as headquarters and the manager of that hotel has announced his intention of making our sojourn at Watch Hill

both pleasant and profitable. A SPECIAL RATE of $2.50 per day to all members *and visitors* has been secured The Ocean House contains a spacious hall which has been set aside for our meetings.

Those who go from Chicago and other western points are earnestly advised to avail themselves of the advantages of the special train that leaves Chicago on the Baltimore and Ohio railroad on the morning of June 17. A trainload of Homoeopathic physicians has an educational value and the journey itself will be especially enjoyable. Leaving Chicago in the forenoon of June 17, the train reaches Washington the next day about noon; here a stop of nearly twelve hours is made, affording an opportunity for a visit to the places of interest at the Captial. The trains leave Washington at 11:30 p. m., June 18th and arrives in New York the next morning at 7:30. A day is spent in the city and the magnificent steamer for Newport is boarded at 5:30 p. m., arriving there for breakfast on the morning of the 20th.

Members will please remember that their tickets must be brought to Newport and that the reduced rate applies to all central traffic and trunk line territory.

It is especially desirable that those who have promised papers (and those who have not!) shall *at once* send the subject to the chairman of the respective bureaus. Our program must be issued by June 10. The following are the chairmen of the bureaus:

Surgery—Dr. W. J. Wynn, 26 Inman street, Cambridge, Mass. Clinical Medicine—Dr. D. C. McLaren, 133 Maria street, Ottawa, Canada. Obstetrics—Dr. Mary Florence Taft, Newtonville, Mass. Materia Medica—Dr. A. G. Allen, 46 W. 36th street, New York City. Homoeopathic Philosophy—Dr. C. W. Butler, Montclair, N. J.

It is desirable, of course, that the subjects of all papers be announced in the program, but in case of failure to report to the chairman in time for publication the paper should be brought or sent to the meeting, where it will receive proper disposition.

The coming meeting will undoubtedly be a pronounced success. It can be positively stated now, from abundant evidence, that we shall have a large attendance, numerous valuable papers and abundant discussion. Our meeting will attract some attendance from the last days of the Newport meeting, and this fact has largely influenced the selection of the date.

HOWARD CRUTCHER, M. D., Sec.

Columbus Memorial Building, Chicago, May 1, 1895.

THE

Medical Advance

A HOMŒOPATHIC MAGAZINE.

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Materia Medica and Therapeutics.

The lectures on Materia Medica by PROF. J. T. KENT, of the POST GRADUATE SCHOOL OF HOMŒOPATHICS, have proven of such practical value that they will continue to be a leading feature of this Department. Original provings and verifications will appear from time to time as they may be secured. To these will be added other papers of value from prominent teachers of Materia Medica, making THE MEDICAL ADVANCE one of the most valuable mediums through which our Materia Medica may be studied.

STRAMONIUM.*

PROFESSOR J. T. KENT.

Stramonium occupies a very peculiar sphere. On the one hand, it is associated with Hyoscyamus and Belladonna because of its mental symptoms and febrile state, and on the other, with Sulphur and Silica because of its depth of action, but not quite to the same extent as the two latter.

The mental symptoms are the ones generally thought of when Stramonium is mentioned, in fact, it is seldom thought of except for the peculiar excitement which makes us think of Belladonna and Hyoscyamus.

Belladonna has intense fever heat, that is, the temperature ranges very high, the impression you carry away in your fingers, is that of intense heat. Stramonium has less heat than Belladonna associated with the same kind of excitement.

Hyoscyamus has less heat than Stramonium, having the same kind of excitement in the mental symptoms. Hyoscyamus also often has great excitement and mania without any fever at all.

*Lecture at Philadelphia Post Graduate School of Homœopathics.

Belladonna would not be thought of except in very active delirium, and Stramonium occupies a range midway, but also indicated in fever associated with prolonged mental disease.

Now as to the advent, progress and activity of the diseases, Belladonna complaints come on with great suddenness, Hyoscyamus with less suddenness, and Stramonium has a history back of its complaints, wherein all the mental symptoms come out, a history of syphilis or psora, a deep seated trouble. So that it has its superficial range of symptoms and its deep range, corresponding respectively to the shorter acting remedies, Belladonna and Hyoscyamus, and to the deeper ones, Sulphur and Silica

Now in the mental symptoms, we have the greatest excitement and frenzy, the delirium is most violent, and in this respect the order of importance of the three remedies ranges Belladonna first, then Hyoscyamus, then Stramonium.

Stramonium has frenzy, wildness and rage, there is extreme excitement and great activity of the mental symptoms; the Stramonium patient will rave, tear, bite and break things, barks like a dog, imitating things in a hysterical manner, is unconscious at times, when aroused from condition of unconsciousness, which appears somewhat like sleep, seems to be frightened and knows no one. He screams, strikes and bites, calls people by wrong names, does not even know himself. A most violent frenzy and delirium. There are all sorts of imaginations talked about. Talking in sleep. When the delirium has subsided, there is a misunderstanding about himself, it leaves him in a state of weakness of mind and forgetfulness, he is unable to recollect his own name, and this period lasts some time.

Stramonium is useful in mania that has existed for some time, maniacal cases of insanity, attacks of mania in cases of insanity, coming in paroxysms.

These periodical attacks may come on with more or less suddenness, so that a single attack would look somewhat like Belladonna, but you remember its history. Belladonna would hardly be more than palliative the first time and the second exhibition of it would do nothing. Belladonna seemed to correspond superficially, but Stramonium takes a deeper hold of the life force in the longer and es that have come

on slowly. Not so with Belladonna, its complaints come on suddenly with great violence and leave that way, so it is as to the brain and nervous symptoms.

If you see a patient suffering from such symptoms for which we would give Stramonium, there is some deeper brain trouble. When the delirium is not on, he gives you the impression of great suffering, his forehead is wrinkled, and he has the appearance of latent exanthem and deep seated distress; you are under the impression that the patient must die, he is pallid, sickly, haggard, ghastly, delirious in sleep. Now in such attacks, the delirium comes on periodically. In all head pains with this anxious look, forehead wrinkled, the face is such as is seen in the intense suffering when the brain and meninges are affected. All these symptoms are aggravated by the light, there is intense photophobia. The head pains and delirium are worse from light, and the eyes are worse in a dark room.

He is worse, and there is fear and anxiety and insanity, in a warm room, he wants it lighted and yet wants the light away. The Stramonium patient wants to remain in a lighted room, but turns his back to the light.

Now there is a group of symptoms coming on from suppressed discharges from the ear that the allœopath has no relief for. You will see in allœopathic literature, that they give these cases up at once. Discharges from ears cease, and basilar meningitis comes on, with wrinkled forehead, glassy, staring eyes, dilated pupils, and scarcely any fever, the fever if any, is low; awful pain through the base of the skull; there is history of necrosis about the ear; a cold has resulted in stoppage of the discharge from the ear; such patients turn their backs to the light in the room, and yet they want light in the room. When you have a patient with such symptoms, Stramonium will sometimes save life if given high enough to cure.

In patients suffering with eye troubles from brain work, irritation of the brain from laboring long hours at night; students who are compelled to do a great amount of night work in order to keep up with day lectures; the patient seems to go almost blind, and there is a great deal of pain in the eyes in the dim light, with relief from intense light; [there is a break-

ing of vision when the strong light ameliorates;] the characteristic condition worse from looking into the light, is present, the brain, eye and mental symptoms are worse from it; cough is brought on from looking into the light, an individual turns away from the fire, because when he looks into the fire, he coughs; all this is in harmony with the rest of the remedy.

There is something else in relation to that one symptom of cough, and that is, in old cases of suppuration of the lungs, where this cough is present worse from looking into the light, Stramonium is often a great palliative, and will do no damage, will not create a troublesome aggravation.

This aggravation from light is brought out in another way, —looking at shining things, looking in a mirror.

Now it matters not what the trouble is, hyperaemia, anaemia, congestion, or anything else, if you have these symptoms, Stramonium is the remedy.

There is another grand feature of Stramonium, in the great sufferings attending suppuration, abscesses, boils, carbuncles, suppuration in cavities and joints, where the suffering is most intense; suffering in connection with the middle ear, from threatened abscess. Sometimes it is Murcury and sometimes another remedy, but Stramonium is useful to know.

Fullness, suppuration and pain in the cartilages. In some instances it affects particularly the left side of the body. It was, the other day, prescribed in one of our clinics for pains supposed to belong to the left hip joint. Stramonium very often relieves the whole trouble, even when suppuration has well advanced, with pain down the thigh and in the knee. It was Jeanes who first figured this out. Stramonium has never produced hip-joint disease.

Jeanes looked a long way into a remedy, he framed and gave to the world quite a number of things that were entirely clinical.

If one man can see clearly into a medicine and can construct several characteristics and keynotes, which become useful, others can do so. Now Jeanes manufactured that keynote, and put it in language for somebody else, the language is simple, it is the clothing of an idea.

Some men have to commit these things to memory and they must expect to take a lower place in the scale of medicine.

The masters will frame their own keynotes. All the keynotes that stand by us, have been framed in that manner, that is, by digging out and putting together the grand image and features of a remedy.

Learn to build your own keynotes. When a remedy falls into routine use, we never think how it was built, without thinking how it was made up, it has lost part of its usefulness.

You must know the characteristics out of which it is made. Hering said, if three could be put together, you would find generally, that the rest of the symptoms of the case were covered also. That is quite true, and if you study the matter, you will first see the image of the case, and then the three characteristics, otherwise you are only acting as parrots.

Now when you have a thorough mastery of Materia Medica, you can readily detect whether or no, one is consistent in reporting cases, you can see at once if such reports are useful, or if they should be received with doubt.

Then it would not matter about the greatness of the individual who tells you these things, a great or a small man may tell the truth or falsehood.

The Allopath says, a remedy is good for this and for that disease. Does he build a foundation? It is the worst sort of superficial medicine. It is not quite as degrading as the patent medicine nostrums that come from wholesale drug houses; these the Allœopathic doctor is supposed to take up and fire in as with a shot gun. Now is it very much better for a Homœopath to take what Tom, Dick and Harry say, whether it is consistent or not?

When you understand the underlying natures of medicines, you will see in a case, that which the author never suspected. You will see cases reported, where the symptoms correspond to any one of a dozen remedies, where any one of the dozen might just as well have been given. They are not the kind of cases a master would report. The poor miserable mortal reports them, not knowing what he is doing; it was not an effort of brain or understanding, he should have a more definite reason. This is what Hahnemann tells us so extensively. The method of Hahnemann, from beginning to end, was knowledge, wisdom and understanding.

There are a good many more things about Stramonium. A

good deal of choking at the sight of water and a looking glass and on looking into the fire, from the bright light; spasms and convulsions. These symptoms are not unlike hydrophobia. It is not at all improbable that Stramonium will become a remedy for hydrophobia. It has cured some of the most dreadful forms of periodical convulsions, intermingled with moaning, groaning and terrible pain, and all the symptoms worse from light, &c., &c.; the individual during the convulsions, is covered with copious sweat, sometimes as cold as ice; cold sweat in active mania; violent delirium with frenzy. This peculiarity is only equaled by Camphor.

Pains in the intestines, associated with typhoid fever, or with inflammation of the bowels, with tympanitic condition and intestinal pain and diarrhœa which is copious, involuntary urination, and finally, also involuntary stool, attended by the mental symptoms described; in all this you will sometimes find Stramonium indicated.

In the mouth we find a typical typhoid condition, which Stramonium has long cured;—tongue is dry, parched and red, like a piece of meat; great choking, aversion to water and yet violent thirst.

Retention of urine, cannot pass urine if he ceases to strain to urinate. It is sometimes useful for that particular symptom in old men who have lost the power over the bladder, they cannot make haste, the stream flows slowly and freely, it will cease if it becomes very bad, should he stop pressing and straining.

In some cardiac affections, with great constriction of the chest, and mental irritability and delusion as to his personal identity; cannot sleep in the dark; great anxiety upon the train when going through a tunnel; the pulse is irregular, and the heart is feeble, associated with chest trouble.

Hysterical convulsions of long standing, associated with spinal trouble.

Another common feature is aggravation from fright. Convulsions and mental troubles in excitable people brought on from fright; fright from fire; wakes up from sound sleep in a fright; wakes up and looks around and knows nobody; awakens screeching and screaming, with jerking of single muscles;

intense pain of neuralgic character, flies about all over the body, due to irritation of the spinal cord and base of brain.

Now take the three remedies, Belladonna, Hyoscyamus and Stramonium, and study them together. Compare the mental symptoms in detail. Study Stramonium in connection with Silica and Sulphur, and also Hepar and Mercurius, they have ability to control pain with suppuration; suppuration in cavities with excruciating suffering.

You cannot find the indicated remedy if you give morphia, everybody knows that morphia hushes the cry of nature.

If you swab out the throat, and thereby destroy the indication for your remedy, and then try to find a remedy and the patient dies, what have you done? If you have a conscience, you will think of it.

If you use poisonous sprays in the room, they interfere with the action of the remedy, and your patient gets no relief. and dies. Will your conscience not speak to you about it?

If you have an ulcer on the leg, which you treat by local applications you are doing away with the false granulations, which would indicate a remedy, and if you succeed in healing it, you have done the patient untold damage. But if you know no better, you will go on and on doing just such things.

DROSERA—SUN-DEW.

(A Study by the Materia Medica Club, of Syracuse, N. Y., reported by Rudolf C. Kaizer.)

Drosera has been known to act from 14 to 21 days.

Its chief sphere is seen in relation to thoracic affections; to the skin, to intermittent fever, and to epilepsy, it would seem to be in decreasing ratio in the order named.

The symptoms outside of these spheres seem to be sympathetic only.

In its chest affections we find a spasmodically recurring cough at long or short intervals, the long intervals extending over two or three hours, and the short intervals decreasing until the cough becomes almost incessant. The cough is barking, or mute, and does not permit the recovery of breath. It is excited by a sensation in the larynx as of soft feathers, and has a morning expectoration of yellow, bitter sputa, that the patient *must swallow*. The cough is <on first lying down,

or after midnight, and is followed by great exhaustion, vomiting and perspiration. The perspiration during cough may be cold on the forehead, or profuse over the entire body. The expectoration may be offensive and pus-like, or bloody, and with the bruised and aching sensations near the apex of the lung, the stitches on coughing and taking a deep breath, point out its usefulness in phthisis and the deeper catarrhal affections.

In whooping cough, its peculiar periodicity, its >from pressing the hands on the stomach, or hypochondria, the hemorrhage from nose, mouth and stomach, the attendant congestions are too well known to discuss. Cough <warmth; drinking; singing; laughing; weeping; lying down; rest; after midnight >motion.

Its symptoms of the skin seem to be only such as would indicate its use in measles, with the characteristic cough, or in the possible ulcerations in the last stages of phthisis, with the peculiar cough.

The intermittent fevers are such as might occur during an epidemic of whooping cough; may be tertian or quotidian. The chill predominates. With a cough during sweat and apyrexia, predominating in the latter.

Bread tastes bitter.

The symptom of hæmatemesis following epilepsy, seems to be a very important one, but could neither trace it to its proving nor clinical verification. Might it not possibly have originated in a whooping cough.

The symptoms of mental distress; i. e., fear of ghosts, of being alone; obstinacy; beside oneself with anger would show, that at times the heart is affected, although Drosera is not accredited with heart symptoms.

To sum up: Its usefulness in thoracic affections is bounded by the peculiarities of its cough, as are those also of the skin, and the intermittent fevers, the exception seems to lie in its epileptic attacks.

Case 1.—A persistent, spasmodic cough, worse at night, and worse lying down, was cured with Drosera.

Case 2.—Mr. F. V. complained of a cough without much sound, (mute) from taking cold. The catarrh commenced in nose, then went to chest; breath very short. Yellow expecto-

ration with cough. Drosera^{cm} Swan, 3 times a day; better the second dose; quite well at evening.

Cough $<$table; morning, forenoon, evening, in bed at night, in bed mainly.

CASE 3.—A cough had been running for five months; many medicines had been tried by a homœopath (?) with no result. The following symptoms led to the selection of Drosera and a cure.

Expectoration of yellow mucus.

Coughs occurs in paroxysms, about three hours apart, lasting an hour.

CASE 4.—Drosera^{900} one dose quickly cured, in a fleshy body, pain in ankle on bending foot, especially in going up and down stairs.

CASE 5.—Cough with vomiting, of food first, later at the end of the attack, of mucus. Cough coming on at 2 p. m., so violent that it seems as if the patient must suffocate when coughing, vomiting of food, or if stomach be empty, of mucus, of filaments; worse from heat of bed; pain in chest when coughing.

THUJA.

(A Study by the Materia Medica Club of Syracuse, N. Y., reported by Rudolf C. Kaiser, Onondago Valley, N. Y.)

Thuja is a sycotic remedy, *par excellence.*

Keynote: Feeling as if a nail were driven in; this pain is mostly about the head.—Ailments from vaccination. Sycotic, moist excrescences on prepuce and glans, and wart-shaped excrescences here and there, on the skin, especially on hands.

How often are we called upon to do something for Charlie or Johnnie, because his hands are literally covered with big and little warts, for which Thuja in most cases will be the remedy, and if we only could look up the history of Charlie's or Johnnie's father, doubtless Sycosis would be written there, in fat type.

Malcolm McFarlan reported a case in 1892, where the warts on the hands had been in existence for fourteen years, cured in a few weeks. All growths, fungoid, condyloma, warts; all hemorrhoids fissures, etc., are sore, sensitive to touch and pressure, and bleed easily.

In the tissues we find a nearly unlimited proliferation of pathological vegetation; condylomatas; warty, sycotic excrescences; spongy tumors; spongy pock exudates; hastily organized. All morbid manifestations are excessive; appear so quietly, that the beginning of the diseased state is hardly known.

Dr. S. has cured warts on horses about the head and ears with Thuja. They were bell-shaped, small at the attachment and one to one and a half inches long. He has also cured growths called moles of a brown color, and broad attachment, with Thuja, followed by Sulphur, both high potencies, ^{74m} and ^{cm}, also sycotic growths and sycotic warts on the genitals.

A case of P. P. Wells, in which the necessity of a thorough first examination of the patient is shown. A young man came limping in with a cane, he could just step and that was all. He had pains in his feet and ankles, and could not walk. He had had what was considered Homœopathic treatment for two years. He had taken Bryonia and Rhus and was no better. There was suspicion about this young man and so he was asked a plain question and said "yes." He was given a dose of Thuja^{200} and nothing for three months but sugar of milk and is cured. He had that one dose and nothing more and the secret was in letting that one dose alone.

In rheumatism, after suppressed gonorrhœa, Thuja has proved a blessing to many a sufferer, especially articular rheumatism with prostatitis and impotence. The rheumatic symptoms are tearing and beating pains, as if from subcutaneous ulceration. Feeling of coldness and numbness in the parts, like Nux Vomica and Pulsatilla.

Thuja is indicated mostly in syphilitic or sycotic subjects. The rheumatic symptoms are worse in a warm room; in fact almost all symptoms and complaints are greatly aggravated by warmth. Warm air seems cold, even uncovering in a warm room causes shivering. The rheumatism, headache, toothache, pains in shoulders and arms, pain in left side, are all aggravated in warm air, warmth of bed, and warm weather. An exception to this modality is found in the eye symptoms which are better by warmth. Cold does not seem to >all the conditions by heat, but relieves the pain in the shoulder and the rheumatism. The growths on the face, (fungus and tumor),

the ulceration upon the scalp, seem very susceptible to, and are much worse by cold, damp and drafts. The drinking of cold water causes spasms of the lungs, stitches in the chest, and the eruption to burn. Most of the pains are better by pressure, the exception being in that of the left side.

Thuja has urinary symptoms which seem peculiar to it; this patient has sudden desire for urination, so sudden and urgent, that it seems impossible to make the necessary, preliminary preparations, yet, if compelled by surroundings, can overcome the desire for a time.

Thuja has also cured the severe cutting pain at the close of micturition, the knife pain, which occurs with the closure of the sphincter vesicœ, after the passage of the last drop.

In Gonorrhœa, when the patient reports that the stream on urination is forked, Thuja is often the remedy. The other gonorrhœal symptoms are: Thin greenish discharge, urethra swollen, scalding pain on urination. Still another very annoying gonorrhœal symptom for which Thuja has proved curative is: Nightly, painful erections, causing sleeplessness, for which, also, compare Aconite. Frequent desire to urinate with profuse secretion of urine toward, and in the evening; dropping of urine after having urinated; the bladder feels paralyzed, having no power; (the rectum is also similarly affected); sensation as if drops were running through the urethra from behind, also from the rectum into the bladder.

Women with a sycotic history are often benefitted by Thuja when there is a tendency to hernia on the left side after confinement, especially when the feet get sore and swell. When babies cry much, and the umbilicus protrudes and grows red and sore, and the father has a history, think of Thuja. Infantile hernia, on the left side; child cries all the time and is only quieted, when the left inguinal region is relieved by pressure, or when the thigh is flexed upon the abdomen.

Case of Dr. B. Was consulted by a lady who had been recently confined. Was suffering from severe pain in the left ovarian region, extending down the thigh; any attempt at walking, or any exercise< the suffering. Thuja^{2c} *ter die.* Cured. We find the pain in the left ovary, exactly contrasted with that of Lachesis, which is >as soon as menstrual flow is

fully established, while in Thuja, the< is increased during menstruation.

Thuja aside from its well known sphere in complaints arising from vaccination, has no inconsiderable sphere in complaints arising from injuries such as falls or over-lifting. Dr. S. quotes a case of very painful, irritable ulcer of the anus; great pain during and after movement of the bowels. He had a gonorrhœa cured (?) by injecction two months before. He said the stools were as hot as boiling lead passing through the rectum; pain worse from motion, even from moving his feet; he would get so restless, he must move, but was not relieved by it. Thuja^{m} one dose dry on tongue. Was better in six hours and that dose cured him.

During constipation, we have discharge of large, hard, brown feces, in balls and streaked with blood. Violent pain in rectum during stool and painful contraction in anus and rectum, followed by tearing pains in bowels. Copious and frequent urination, with burning in urethra.

In diarrhœa in children, after vaccination or otherwise, often amounting to cholera infantum, Thuja is indicated by pale, yellow, watery stools, very copious and gushing, like water from a bung hole, (Jatro, Croton tiglia). Aggravation in morning and after drinking coffee. Great desire for cold drinks; rapid exhaustion, great emaciation, and oppressed breathing.

A case of diarrhœa, reported by A. H. B. six or seven stools during the day; none at night; a stool every morning after breakfast. Stools were watery and yellow. (The Stools to suit the provings should be fetid and brown.) One dose of Thuja cured the case in five days. In chronic naso-pharyngeal catarrh with thick green discharge from the nose mixed with blood, Thuja will cure.

Nose is sore with red eruptions on alae.

Throat feels raw, dry or as if constricted.

Watery purulent otorrhœa.

In Eczema calling for Thuja we have dry scaly eruptions on parts or the whole of the head and neck, with itching, tingling, biting. Skin sensitive to touch, burning after scratching, like Rhus, Dryness of skin, sweat only on uncovered parts. Bad effects from vaccination. In Herpes

Zoster, we have a white, scaly, dry, mealy tetter. Eruption only on covered parts, and here again we have violent burning after scratching. Aggravation from cold water and from heat of bed at night.

The Thuja patient is dizzy with his eyes closed. The dizziness disappears on opening the eyes. Also, dizzy when rising from sitting, on stooping, looking upwards or sidewise, like Pulsatilla. Among the mental symptoms we find loss of memory, forgetfulness, slow hunting for words, mistakes in choice of words, like Medorrhinum.

A strong characteristic, is the fixedness of its ideas; if a Thuja patient takes on a peculiar mental twist, it is hard to rid him of it; he imagines a strange person beside him; that his soul and body are separated; that he is so frail; that he will be broken in pieces if touched; (insane women will not be touched or approached for that reason); thinks a living animal is in the abdomen; thinks he is under supernatural control; cries when spoken to; is hurried, talks hastily; and music makes him weep, with trembling of feet. Cannot endure soft pensive music without spasm of the heart.

A few more peculiar symptoms are: Dislike for fresh meats and potatoes.—Fetid sweat on toes with redness and swelling of lips.—Nets of veins as if marbled on the soles of feet, after suppressed footsweat.—Nails crippled, brittle or soft. After Thuja are frequently suitable Nitric acid, Pulsatilla, Staphisagria. Small doses, according to some, last two or three weeks, according to others this time may be extended to ten or twelve weeks.

A case from the practice of Dr. L. A young man, 26 years of age, came to be treated the 7th day of February, 1891. Two years before had been employed in a bank. One of his duties had been that of carrying the heavy ledgers from the basement to the office daily.

He soon began to feel pain and soreness of the cervical region of the spine, worse in upright position of the body; sleeplessness; sleep prevented by the pain; aching extending to back of head and jaws, worse by bending the head forward, better by bending the head backward; forgetful; worse lying on back; dreams; nightmare; restless. Had been to an oculist, who attributed conditions to the eyes, and fitted glasses for my-

opia. Cold air caused smarting of the eyes. Attempting to read caused letters to run together and jump up and down.

Anamnesis >from bending head backward; stiffness of nape; talking in sleep; perspiration of feet; trembling before the eyes; black points before the eyes; stinging in eyes in open air; lachrymation in open air; <from lifting. Thuja^{cm}H.S.

Repeated the remedy, Thuja^{1m} Aug. 23, 1891, for a return of symptoms. Had gained constantly; worked at the desk, at books, etc.

There was no history of sycosis to be found, so think conditions must be attributed to the lifting.

A case of Lues gonorrhœa, cured with Thuja by Dr. Kunkel in Germany, translated by Dr. Schumacher. Dr. K. says: I was called to the nine months old daughter of P. C., who had been sick for several weeks and unsuccessfully treated with Quinine, Bromine, Iodine, etc., by the Allœopathic school.

Diagnosis of the Allœopathic physician: Floating kidney, resp. spleen, also enlargement of the liver.

I found a tumor in left side of abdominal cavity of an irregular form and of about four and a half inches long, perfectly outlined and lying from left hypochondria downward. The rapid growing of the tumor and the rapid emaciation of the child excluded the above diagnosis. Manipulation caused the child no pain. Function irregular. Sleep sound. Day times restless and continually crying. Constipation. Poor appetite, alternating with canine appetite. Red and sore about the sexual parts.

May 4, Thuja^{300}.

May 14. Slight discharge per anus.

From this time patient brighter, cheerful, wants to talk Soreness at vulva disappearing. Sometimes crying when passing urine.

Aug. 4. No signs of tumor, has all disappeared. Discovered five or six pustules, site of anus, similar to vaccinating pustules but general health, continuing improving and fully recovered.

Dr. Kunkel claims, according to the history, the child inherited the Lues gonorrhœa from the parents who were inoculated by vaccination.

A case of intermittent fever.

The chills began promptly at half past five o'clock, every afternoon and lasted for an hour. They were very severe always beginning in the thigh, thence extending over the body. He would sit with his legs on each side of the register and remain until the chill had passed away. Then the fever came on, lasting for several hours and it was followed by a profuse drenching perspiration, which ended about two or three o'clock in the morning, even wetting the bed. He received two doses of Thuja^{200} and never had another chill.

Case reported by Dr. L. Eczema upon the forearms and lower extremities with violent vomiting, nausea and headache, was treated for a time Kali bichromate, but with insufficient improvement. A casual mention of the fact, that the trouble arose immediately after vaccination, lead to a re-study and the administration of Thuja. This was followed by an aggravation and then by improvement. It is still too early to report a cure.

SYMPTOMS OF ACUTE PERICARDITIS.

PAUL PILL, M. D., CHICAGO.

1. Sharp, burning, pricking, or darting pain in region of the heart, accompanied by fever of an acute inflammatory type.
2. The pain shoots to the left shoulder and scapula, and frequently extends some distance down the arm.
3. It is aggravated by a deep inspiration, by pressure at the intercostal spaces over the apex of the heart, and on the epigastrium.
4. The patient is incapacitated from lying on the left side and commonly feels easiest in the dorsal posture.
5. The breathing is accelerated and laborious or irregular, especially on moving.
6. A feeling of contraction is experienced in the precordial region, and there is extreme restlessness, anxiety, and frequent syncope.
7. The pulse is always accelerated, but is sometimes hard, full, and vibratory, while at others it is feeble, irregular, or intermittent.
8. In the advanced stage of the affection it is usually feeble and irregular, although on applying the ear to the

region of the heart, the action of the latter will be found tumultuous and violent.

9. This inequality in the pulse is of great importance in diagnosis, since even in insidious cases, an inequality will sometimes be perceptible on comparing the strength of the heart's action with that of the pulse at the wrist.

10. The physical signs of acute pericarditis are: Increased and more abrupt impulse of the heart's action, and an unusual dullness on percussion in the cardiac region when there is considerable effusion.

11. The sounds of superficial friction are very generally discernable when there are partial exudations of lymph on the opposite surface of the pericardium.

12. They commonly set in from twenty-four to forty-eight hours after the invasion of the inflammation, but for the most part, do not continue for many days in succession.

13. The lymph is either absorbed or changed into false membrane, forming a more or less complete band of adhesion between the heart and the lung, which is productive of a gradual extinction of the sound.

14. Or, serum is secreted in such abundance that the heart plays freely in the distended sac, and ceases to rub against it.

15. At the commencement, the sound is soft, resembling the rustling of silk, and is usually heard toward the left, or about the centre of the sternum, corresponding with base of the heart.

16. Subsequently it becomes louder and more prolonged, and is audible beyond the immediate vicinity of the heart, the natural sounds of which it considerably disguises.

17. In some cases, the pericarditic friction resembles a crackling noise; in others, and particularly when it is increased in hardness or roughness, it is closely to be compared to the creaking of a new saddle (the new leather sound).

18. The normal sounds of the heart are completely muffled or disguised by a loud friction sound; they are sometimes to be heard, however, in the carotid arteries and at the top of the sternum.

10. The dullness arising from effusion of serum in the pericardium, may, when the effused fluid is very copious, extend up the whole anterior surface of the left side of the

chest as high as the second rib, and spread even to the right sternum; but it is generally limited to a space or area of two or three inches at the lower part and towards the left of the sternum.

20. An extensive effusion commonly renders the sounds more distant and feeble, and impairs the impulse in a greater or less degree.

21. The sounds of respiration and percussion being still found good in the back and the axilla, and not much altered by the change of the position, *the case is thereby distinguished from pleuritic effusion.*

22. Again, though the friction-sound is generally stopped and the impulse and normal sounds are commonly rendered distant by displacement of the heart from copious effusion, they may be heard by their usual distinctness and intensity on listening to them in the carotid or subclavian arteries, or at the head of the sternum.

23. By means of this circumstance we are empowered to draw a distinction between hydro-pericardium and an *excessively enlarged heart acting with great feebleness*: *For in the latter* in addition to the weak sound and impulse in the usual region, they would, moreover, be weak in the course of the arteries.

24. Infiltration of the extremities is occasionally met with and when present it ought to claim attention, as it is one of the symptoms of the heart.

25. The physical signs, taken in conjunction with the general symptoms, tend much to remove obscurity from the diagnosis. The region of the heart should therefore be always examined whenever there is a probability of implication of that organ during the prevalence of some other disease.

26. The duration of the affection, like that of pleuritis, varies according to the nature, rapidity, and extent of the effusion, from a few days to several weeks.

27. The causes of acute pericarditis, like other inflammatory affections of the chest, are more prone to occur in persons of a plethoric habit, who are subject to derangement in the digestive organs; but it is very frequently occasioned by a metastasis during an attack of rheumatism or gout; also pro-

longed grief or anxiety, and exposure to cold may excite or develop it.

18. The prognosis, in acute pericarditis and in the acute stage, may, generally speaking, be considered favorable, when the affection is not complicated with previous disease of the heart.

29. THERAPEUTICS: Aconitum, Belladonna, Cannabis, Spigelia, Bryonia, Mercurius vivus, Sulphur, Arsenicum, Lachesis, Arnica, Croton, Veratrum, Carbo veg.

30. CHRONIC PERICARDITIS: The symptoms are the same as those of the acute variety, differing merely in degree. When there is fever it is of the hectic type.

31. ADHESIONS: When dense adhesions form between the apex of the heart and the pericardium, they, by interfering with, and confining the motions of the heart, are consequently sooner or later productive of serious organic disease, more particularly hypertrophy with dilatation.

32. SIGNS OF ADHESIONS: They are decidedly appreciable when they are close and rigid, and the pericardium has, moreover, been rendered adherent to the walls of the chest. Then the heart will be found pulsating in close contact to the ribs; its motions will be seen and felt more plainly than usual (drawing in the intercostal spaces at each systole), and there will be dullness of sound on percussion, over a space proportioned to the adhesions and size of heart, during every stage of respiration, and in every position of the body.

33. A projection is strikingly observable about the ends and cartilages of the middle ribs, in those cases in which an enlargement of the heart, upwards and downwards, ensues in consequence of its general adherence to the pericardium, and of the latter to the diaphram and walls of the thorax.

34. THERAPEUTICS: When the exudation is serous: Arsenicum, Digitalis, Veratrum, Cannabis, Sulphur, Phosphorus, Carbo veg.

35. When lymph has been effused, and become organized, and the adhesions formed, materially interfere with the motions of the heart, the case is beyond the reach of medicine.

36. SYMPTOMS OF ACONITUM: Pulse is full, hard, vibrating, and there is pain of a sharp or pricking description in the cardiac region, with oppression, anxiety, faintness, and tumul-

tuous action of the heart. It causes pressing together of the chest in the region of the heart; palpitation in the region of the heart; palpitations with great anxiety, oppression of the chest, general heat, especially in the face, great relaxation of the limbs; slow throbs, especially in the cardiac region; aching compressing pain below the sternum; pain in the left side of the chest, between the fourth and sixth ribs; disproportion between the heart and pulse beats; for the pulse beats three times, while the apex of the heart strikes the walls of the chest once; the right auricle, however, seeming to be persistently and convulsively contracted.

37. SYMPTOMS OF BELLADONNA: Plethoric subjects of sanguine, lymphatic temperament; indications of affection of the cardiac orifice; secondary inflammation of the brain as shown by delirium and stupor; aching in the cardiac region taking one's breath away, and causing anxiety; anxious feeling in the region of the heart, with intermittence of the pulse; irregular, unequal contractions of the heart; clutching about the heart, when going up stairs, with palpitation; trembling of the heart; throbbing pain beneath the sternum, near the epigastrium; very feeble beating of the heart; violent and persistent palpitations; violent heart-throbbing, with jarring of the head and neck.

38. SYMPTOMS OF CANNABIS: When the action of the heart continues to be tumultuous, and is attended with oppression, anxiety, and a feeling of constriction in the precordial region; also when signs of effusion have become apparent.

39. SYMPTOMS OF SPIGELIA: May be substituted for Cannabis, in the early stage of the disease, when the patient complains of severe lancinations in the cardiac region, or a pain as if the heart were violently compressed or squeezed, and when the oppression at the chest is extremely distressing particularly on movement, or even whilst speaking; also when there is endocarditic complication, with valvular murmur. It causes oppression of the chest and palpitations; dull stitches occurring synchronously with the pulse, and felt where the apex of the heart strikes the chest; violent and audible beating of the heart, which may also be felt through the clothes, attended with anxious oppression of the chest, especially in the morning, soon after rising, also while sitting down; wave-like

motion of the heart; want of harmony between the heart and pulse-beats; purring sound in the chest, especially in the cardiac region, resembling the purring of cats. It may be indicated when the percussion-sound is normal over the heart, or dull over a very large surface; the impulse of the heart increased, evidently and visibly elevating the walls of the chest beat; want of harmony between the heart and pulse beat (apex of the heart beating nearer the nipple than usual, or even outside of it); valvular murmurs at various parts of the heart, as well with the systole as the diastole, or with both (friction or to-and-fro sound of pericarditis).

40. SYMPTOMS OF BRYONIA: Sharp pricking pains in the heart, or region of the heart, which are increased by taking a full inspiration and by movement; when there are symptoms of slight effusion; darting pains proceeding from the region of the heart to the shoulder and scapula, with aggravation of the pains in the joints on movement.

41. SULPHUR: May be indicated after Aconite, Belladonna, or Bryonia when Psoric symptoms show themselves unmistakably, or general Sulphur symptoms show themselves.

42. ARSENICUM: When indicated may be employed after Aconite or independently of that remedy, either in the early stages, when the attack has arisen from the metastasis of gout or rheumatism, or from the repercussion of an eruption, when there is violent palpitation, excessive rapidity of pulse, intense thirst, drinking little and often at a time, burning pain in the seat of the surface; anxiety, fainting, extreme restlessness, and when a burning pain is experienced in the seat of the heart, or in the more advanced stage of the disease, when the respiration is hurried and laborious, particularly on the slightest movement, and there is incapability of lying on the left side; pulse feeble and irregular.

43. VERATRUM: When the extremeties become cold, and a cold sweat covers the forehead and other parts of the body, the pulse slow and intermittent, the nose sharp, the features sunk and contracted, *facies hippocratica.*

44. CARBO VEG.: In cases of this all but hopeless description.

45. It is particularly in conjunction with rheumatism, and especially the acute variety, that pericarditis is met with. We

should, therefore, never omit to examine the region of the heart in such instances, otherwise the disease may attain a dangerous and even incurable height before it is detected, as the general symptoms are often so imperfectly marked as not to create the slightest suspicion of its existence; whereas the physical signs can never fail to apprize us of the invasion of the disease before it has reached a very serious, if not incurable height.

SYPHILIS—SYPHILLINUM.

GIDEON LANING BARBER, M. D., CHICAGO.

1895.

Feb. 1.

William Marina, colored; waiter in hotel.

I came from the South last August, South Carolina.

I am 20 years old.

I have got Syphilis: was infected two years ago; had discharge six or seven days after infection.

Discharge was yellow. The Doctor worked at me five or six months and then I worked at myself.

My left testicle is swollen badly; it commenced swelling last Tuesday; there is much pain, and I have a high fever. I almost had a spasm this morning when I tried to get out of bed. I have had old school treatment (Dr. Orville W. McKellor stepped into the office at this moment, and examined the testicle and pronounced it a bad case of Syphilis, the patient being so sensitive to touch that he would not allow the Doctor to touch it without screaming out, and cautioned him about being too careless for his own safety).

(The Syphilis has eaten off the fraenum and left a fistula through which the urine passes.) This has been there for two years.

My head aches miserably, in the forehead, over the eyes, aches worse at night; and I always feel worse at night; I have pain in the left side; the pain feels like a lump, hard, in the stomach.

There is a swelling in the left side and water passes down into the testicle and gives severe pain; this pain commenced Wednesday.

My bowels are tight, cannot have a movement without physic. All my pains are worse at night. The weight of the testicle made it pain me terribly, until I hung it in a sling-handkerchief.

I am thirsty all the time; I can't drink enough water. I like to be in a hot room.

Syphillinum^{dmm} *Swan.*

One dose, and S. L. every two hours.

Feb. 2.

Very nearly all last night I didn't have any pain scarcely; this morning I noticed pain in the side, coming from the weight of the testicle I think.

I am still constipated; but the pain in the testicle is not so severe as it was yesterday; it is not so sore; I can bear it touched today; it is not swollen quite as much; my headache is better; I have not been bothered with the headache since about four or five o'clock yesterday; generally I feel better and slept pretty well last night.

S. L. three times a day.

Feb. 9.

I am feeling better generally.

There is a breaking out on the abdomen extending down the right side (from the umbilical region) around to the small of the back and down the thigh; it looks like it had been scalded, like blisters, like a burnt place; it burns terribly; it is hot; the eruption looks like white blisters.

The swelling of the testicle has all gone down and the pain is relieved entirely; I have no more pain.

The eruption burns at night mostly.

I have no more headache; my appetite is strong.

My constipation is removed and bowels are free.

Doctor, I have never had anything to occur like this in all my life; the medicine operated at once and did its work.

S. L. three times a day.

Patient has never returned.

Institutes of Medicine.

Practically, the ORGANON has become a sealed book to most of those who have entered the ranks of the Medical Profession within the past ten years. This ignorance, or lack of appreciation, may be charged to the remissness on the part of their *Alma Mater* who substituted MODERN THEORIES for THAT WHICH CHANGETH NOT BECAUSE IT IS FOUNDED UPON THE APPLICATION OF AN UNIVERSAL LAW. In this Department, the ORGANON, which was the foundation upon which Hahnemann, Bœnninghausen, Jahr, Hering, Dunham and many others reared a SCIENCE OF MEDICINE that has never been equaled for the safe, sure and simple healing of the sick, will be taken as the guide, and the study of its principles will better fit the reader for the cure of the sick.

*THE EXAMINATION OF THE PATIENT.

PROSPER BENDER, M. D., BOSTON.

Mr. Chairman and Colleagues: I can well recall the feelings of many years ago when I read an article from the pen of the late Dr. P. P. Wells, in which he stated it took him a quarter of a century of close study of the principles and philosophy of Homœopathy and its Materia Medica to enable him to prescribe according to its doctrines. I had just then begun the practice of Homœopathy, after losing confidence in Allopathic methods. I was familiar with Hughes and kindred of works, and imagined I knew all about Homœopathy, which many others no better equipped do today. I had heard from respected medical seniors that Dr. Wells was a most able Homœopath, but knowing our confrere to be advanced in years, I considered him in his dotage and his opinions to be taken at a considerable discount. I paid him, however, before his death the tribute of my respect and admiration, acknowledging to him also my previous folly and conceit.

I may further expose my ignorance of those days by the confession that I feared Hahnemann himself must have been afflicted with a similar illusion when he advocated the use of the 30th potencies. It seemed to me the height of absurdity to fancy that such infinitesimal doses could possess any remedial powers; and yet today, like many of you here, I generally use the 200th and frequently resort to even the D. M. M's. I have no doubt that some physicians, even of our school, who know my habit, suspect too my sanity on this question.

*Read before the Bœninghausen Club, April 11, 1895.

While on the subject of high potencies, let me acknowledge a great debt of gratitude I owe one of the principal promoters and chief ornaments of this club, the modest but fearless champion of the rights of Homœopathy, our esteemed colleague, Dr. R. L. Thurston. I believe nobody else could ever have prevailed upon me to use the higher potencies, and in this he did me a signal service. I am also indebted to him for many valuable expositions of the principles and philosophy of Homœopathy, respecting which I knew comparatively little, when I had the good fortune to secure his friendship and interest. But I fear I am wandering from my subject, and hope you will pardon this digression.

Before entering upon the topic allotted me for treatment this evening, I must say a few preliminary words touching the history and principles of Homœopathy. Previous to Hahnemann's time medicine was in a chaotic state, resembling astronomy before Newton's discovery of the laws of gravitation. The world needed more facts and more light as to principles. True, many important isolated facts in therapeutics were known to the world; but all the systems were connected by illusory, illogical hypotheses. No reliable rules existed for the guidance of the practitioner, no safe principles. All was a maze of contradictory therapeutical theories. Hippocrates, Haller and Storck had already recognized partially that some diseases were cured upon the principle of similars; but the glory of discovering it as the only law of cure was reserved for Hahnemann. To his original and practical genius the world owes the establishment of this doctrine, based upon tradition, observation and experience. After careful, painstaking researches into the action of medicinal substances upon man, Hahnemann became satisfied that drugs had the inherent power of exciting in the healthy subject diseases similar to what they cured. He now pursued his investigations with a rigorous adherence to the precepts of inductive philosophy, and demonstrated theoretically and clinically the truth of the new doctrine. He then went further, proving the Homoeopathic principles to be in conformity with a universal law of nature. A complete revision of the Materia Medica upon a new basis therefore became necessary, and this reform Hahnemann carried out with an energy and skill that can be realized

only by those familiar with his monumental works, the Materia Medica Pura, and the Chronic Diseases. His discovery of Homoeopathy was the result of experiment, but his subsequent development of the theoretical and practical features of the system almost approached inspiration. There can be no doubt of the solid and lasting basis upon which he erected his new structure or method of the treatment of disease. As a doctrine it is complete. It may be wanting in some minor details; but the span of human life is the measure of man's opportunity, and it is only a cause of wonder that he could have accomplished so much in a single lifetime. All the principles of Homoeopathy are logically, systematically and indissolubly bound together. There is nothing contradictory in any portion of it; and of the attempt to separate one part from another would cause the whole edifice to crumble to the ground.

According to Hahnemann life is bestowed upon the human economy by a power *sui generis*, appropriately named by him, the vital force. This agency starts with life itself, in the original protoplasm, influencing the development of the living tissues, governing and regulating all the physiological phenomena, and watching over the preservation of the individual till death. There has been no better theory advanced of the influences governing the human system; and to those who dispute it, the *onus probendi*, in regard to any hostile theory, belongs to them. If this vital force be disturbed in its harmonious guidance of the functions of the body, by some external impression, mental, miasmatic, climatic or other, the processes of nature are modified and disease appears. The vital power is immaterial or dynamic in nature, like all natural forces, and can be only affected by similar immaterial or dynamic agents. Aetiological factors, consequently, operate and influence this power through their virtuality. These disturbances of the vital force manifest themselves differently in different individuals, depending upon the peculiarities or original weaknesses of the patient.

This vital force theory is one of the fundamental principles of Homoeopathy, the second being the application of the law of similars, and the third the dynamization of the drug. Homoeopathy in other words, is founded upon a physiological

theory, a system of pathology, a therapeutical law, and a related Materia Medica.

A more minute, a deeper knowledge of man, of the morbid changes to which he is subject, and the possibilities of remedial medication under the new law soon taught Hahnemann that the old methods of examining patients would not suffice. From his rich stores of human observation and thought, he formulated a scheme expressed in the clearest and most concise language. (Vide *Organon*, paragraph 83, *et sequitur*). Unless the physician masters those directions, as well as the principles and philosophy of Homoeopathy, he cannot practice it with any degree of success or satisfaction. The proper examination of the patient is indeed the keystone to the arch of Homoeopathy—no certainty in prescribing being possible without it. The examiner must be familiar with anatomy and pathology, in order to understand the anatomical relationship of the organs of the body, and their deviations from the normal or pathological changes. He must also know chemistry to be acquainted with the constituents of the human machine, physiology to understand the functions of the different organs, and hygiene to be able to remove or guard against morbid influences; also the laws of auxiliary medical science with the use of all instruments and appliances, for the detection of disease. Besides, the examiner must possess the spirit of observation, analytical and synthetical, and be able to exercise this faculty with zeal and discrimination. There are many precautions necessary in the investigation of the symptoms, and conclusions to be drawn from them. The life of the patient, or his comfort through life may depend upon the thoroughness of the examination, and therefore all that comes under the five senses should be closely scrutinized and investigated. The examiner must note points of resemblance as also of differences, estimating the finest shades of variance between symptoms and their connection, to learn whether they follow or alternate, rapidly shift about or change in character. In truth, nothing can be overlooked, the most trival, and most important alike, both objective and subjective, should be noticed and considered; for we may all be sure the vital force does not throw out signals of distress without the best of reasons. Each symptom possesses a meaning, and must be

considered and interpreted from a logical and associative point of view. The physician must reason from generals to particulars and trace disease to its source. There is never room for conjecture or hypothesis with the Homoeopath. Any surmise from pathological indication is likely to lead us astray. It may be well for our personal gratification or that of the patient to form a diagnosis, but we must be careful not to allow the name of the disease to influence our conclusions, as Hahnemann so often cautions. The totality of the symptoms is the exact record of phenomena present, and must be collected and viewed as an entity. If the total of the symptoms can be found under the effects of any drug, their removal will follow its administration; and hence the great importance of not omitting a single symptom from the picture of the case.

The age, sex, temperament, morbid diathesis, inherited or acquired, and the moral and psychological phenomena require to be noted as well as all previous diseases, errors or insufficiency of diet, climatic or contagious exposures, excesses and privations, with defective physical or moral education. The appearance of the patient, his actions and manners, position while lying, state of the skin, etc., may all be taken at a glance. But as regards the functions of the body, abnormal sensations, morbid desires and aversions, with other subjective symptoms they are elicited from the patient. The seat of pain, its nature and extent, modified by sleep, rest, motion, eating, waking, drinking, standing, walking, sitting, heat and cold, the influences of the time of the day, mental excitement, changes of season, as also the effects of confined or open air; no less than the effects of different foods and liquids—all have to be carefully attended to and considered. Suppressed eruptions or discharges must also be recognized.

While each symptom is in reality but a part of the great whole, and needs to be noticed, some are of greater importance when the therapeutical question arises, as we shall see. Among the most valuable, from that point of view, are the symptoms, with their modalities and conditions, which precede the use of remedies at the outset of the disease, those present when the disease reached its height, those following the use of remedies, and those still remaining after the discontinuance of drugs. Of especial moment are the first and last. We must be par-

ticular to discriminate between idiosyncrasies, habitual infirmities and physical deviations from health, for what may be normal in one would be morbid in another, and so forth. Some fixed plan or method must be adopted in our examinations, and Hahnemann's cannot well be improved upon. He begins with the moral and intellectual symptoms, and then takes, in topographical order, the different regions of the body, starting with the head and ending at the feet. In the main the above constitutes Hahnemann's directions, and if faithfully carried out must inevitably give the examiner a complete picture of the case, which, as we all know, is the open *sesame* to the simillimum.

After we have obtained a full and complete account of the patient's symptoms and cleared away by painstaking investigation obscure or doubtful points, we must next group and classify symptoms in accordance with our estimate of their value, to facilitate our subsequent task of selecting the required remedy. Symptoms originating from the mind, are to be noted down first, and then those most uncommon and peculiar. To distinguish between these and the unessential and unimportant is often very difficult and not seldom calls, as you are well aware, for great skill and discernment. As a rule the less diagnostic is a symptom, the more important it is as a guide to the needed remedy. The most constant, the most recent or latest symptoms developed must be considered—they are the *sine qua non*. All symptoms not founded upon reliable or positive premises must be discarded; the fleeting are generally of less value.

An invaluable piece of advice the master gives us concerning the examination of patients, is to let the sufferer tell of his pains, sensations and so forth, without interruption, for, he cautions us, if the patient be questioned before he has told his whole story he may, through confusion or timidity, forget some essential symptoms. Another equally important suggestion is to note down in writing all that falls from the lips of the patient, relating to his symptoms, and these, he counsels us, to take down, as much as possible, in the patient's own words, and in the order given. Subsequently his statements may be corrected or corroborated by the attendants or friends. The master also particularly warns us, not to put leading or

suggestive questions; or, in other words, we are to avoid making enquiries which may be answered simply in the affirmative or the negative. I may return to this later. If the patient come under our care immediately after a course of drugging, it may be necessary, unless the patient be in danger or in great distress, to defer prescribing until some of the effects of the medicine have passed away. Every one of these suggestions is worth its weight in gold—aye, a hundred fold more—as the observing Homœopath daily realizes.

The peculiar, extraordinary symptom is generally the keynote leading to the totality of the case, or the essence of the disease. (Vide *Organon*, paragraph 153). With your permission I shall cite some cases to illustrate this rule. Some time ago I was attending a little girl stricken with pneumonia. The child did not seem to improve, when, on the fourth day of her illness her mother informed me that the little patient had had a trying, restless night. She would not remain in bed and could not be quieted unless when rocked. If the mother stopped rocking the child or rocked fast, she would wake and cough, and beg to be rocked again, but enjoining that it should be done slowly. In the light of this new symptom I found many other indications for Pulsatilla, such as thirstiness, chilly sensations, although wishing to be uncovered, and weeping aloud, and I gave it in the 200th potency. Within a few hours the child began to improve and convalescence set in so rapidly afterward that some of the neighbors began to doubt whether she had had pneumonia after all. Previous to that time, however, they had all accepted the diagnosis without question, for the disease was epidemic in that neighborhood that season.

Only last month I had another opportunity of realizing the worth of the keynote system. In truth I may say that almost daily I behold such proof; but the following happens to come to my mind at this moment. A boy three years old, had many symptoms similating marasmus, but I could not discover any tubercular deposits. The emaciation had been steady and progressive, in spite of a good appetite; the other symptoms being grinding of the teeth during sleep; undigested stools, etc. While I was examining the boy for the second time the father came into the room. He asked me if I could explain the cause of the strange position the child assumed during his

sleep, lying on his elbows and knees with face downward? Thus, by the merest accident I obtained the clue to the remedy. Shortly after the administration of cina[200] the boy slept on his side as formerly, grinding of the teeth ceased and he began to gain flesh. He did not pass any worms; if he did they were not noticed by the mother. I saw this child a few days ago, and she seemed to be strong and healthy again.

In a case of omodynia of the right side, after the failure of Rhus which appeared well indicated, a symptom which, in the eyes of a pathologist, would be insignificant, such as aggravation before and during rainy weather, led me to give Silicea[200], and with perfectly satisfactory curative results. The symptom in question was reluctantly admitted by the patient, as he considered it too ridiculous to mention.

The recital of the above cases serves to show in what great measure the success of the Homœopath depends upon his knowledge of the phenomena of disease and drugs. Familiarity with the latter enables one to understand a patient who expresses himself vaguely, or who lacks the power of expressing his feelings through the medium of words. One single word, a look may illumine one who knows the Materia Medica. Not seldom after I had failed to grasp what a patient meant I would later come across the very symptom he had attempted to describe. In the treatment of patients suffering from the chronic miasms, especially when two or more are present, the symptoms will manifest themselves in such manifold and mysterious guises, physical, psychical and mental, that the sufferer is puzzled to explain and the physician to understand.

On examining a patient there is not only the difficulty of estimating symptoms on the part of the physician, but he must bear in mind the possibility of the patient misleading him, through a variety of reasons—unintentionally, through ignorance, or through a desire to conceal the nature of the disease, or again from fear that he may hear that he is actually suffering from a malady the existence of which he would prefer to ignore. The examiner must be on the alert against all such contingencies. And yet in spite of his being aware of such possible pitfalls, he will not succeed in avoiding them. In the case of an unobservant patient who came under my care last year, suffering was unnecessarily prolonged.

The trouble was a congestive headache with much distress. The patient persisted in stating that if she moved in the least her sufferings were much aggravated. Many of her symptoms indicated Pulsatilla, and yet here was a marked counter-indication for its administration. On the occasion of my third visit I found the sufferer sitting up in bed, holding her head in both hands, swaying it gently to and fro, and weeping from the severity of the pains. Within one hour after taking Pulsatilla^{200}, she was relieved, and in a few days was as well again as ever.

I am reminded of another case where the patient's mistake was the cause of her cure being postponed. Neuralgic dysmenorrhœic pains obliged her to lay up in bed three days every month—a serious matter to a woman obliged to earn her living—every motion, she stated, increased the severity of the bearing down pains, and aching of her limbs. I gave her Actæ, Lilium, and Belladonna. On the occasion of her fourth visit I questioned her very closely, to endeavor to ascertain the cause of my failure to help. She persisted in saying that excepting rest in bed the only thing which relieved her was hot water applications; but finally I elicited that relief came from lying on her back with the feet perched on the footboard of the bed, and while in that position she felt impelled to keep moving the legs and hips in a slightly rotatory manner, meanwhile avoiding any motion of the upper part of the body. I know of only one medicine in the Materia Medica which has that symptom. In passing let me say that Phytolacca has relief of pains in the heels from elevating feet almost vertically. After taking Rhus^{dmm} this sufferer had hardly any pains during her next period, and none since.

Our deficient knowledge of the Materia Medica is but too frequently the cause of our want of success in curing people. I will relate a case where I made a gratifying cure after some months of unsatisfactory treatment. The patient was afflicted with Gonorrhœal rheumatism of more than five years duration. He described his pains as being always $<$ during warm days and from the heat of the bed. Most of his other symptoms resembled those in the pathogenesis of Rhus; but these two conditions caused me to lay to one side the consideration of

that medicine. I prescribed Pulsatilla, Medorrhinum, and Thuya without any particular result, when finally in desperation I gave him Rhus^{dmm}. The moment the patient entered my consultation room on the occasion of his next visit I knew he was better, by the way he walked and the happy, contented expression of his face. I once discarded Pulsatilla in the study of another case, because there was marked thirst for large quantities of water. A greater familiarity with the provings of Rhus and Pulsatilla would have shown me that the former had also <from heat although less frequently than amelioration and that Pulsatilla had caused occasionally a decided thirst, and for large quantities too, but usually thirstlessness was the characteristic.

In some cases that come under our observation the symptoms are so linked together that each helps to explain the other, filling up with marvellous accuracy the picture of some remedy with which the homœopath is familiar. As the patient is unfolding his symptoms we often can anticipate the remainder of the picture and in that way, if we wanted to resort to a little charlatanry, we might greatly astonish our clientele. The remarkable adaptation of symptoms of disease and drugs is one of the fascinations of our therapeutical science and the source of no little gratification to the lover of his profession. One day a patient at the Boston Dispensary Clinics who came to consult me for attacks of angina pectoris, began a recital of symptoms that were the exact counterpart of Pulsatilla. The thought struck me this was an excellent opportunity of demonstrating to the students the unfailing law of similarity between disease and drug effects, and I requested them to be on the alert for further symptoms of Pulsatilla. Imagine my surprise and the suppressed amusement of the students, when, in reply to my question, whether movement increased or relieved her pains, she asserted that unless she kept perfectly still the pain in her heart and the difficulty in her breathing were something intolerable. I now began to fear that I had been injudicious and had selected the wrong specimen to prove the facts I had insisted upon in my remarks; but a moment's consideration led me to suspect that possibly the patient's explanation of her conditions might not be correct. If it had been, of course I should have had

to begin the examination of the case anew and trace out another remedy from the symptoms given. I now asked her to show me exactly what she did when a paroxysm of pain came on. She slowly rose from her chair, and stooping began to walk at a snail's pace around the room, pressing her hand over her heart. She remarked: "You know I have to keep very quiet. I move about just so slowly, making for the window to get fresh air." I found out also that the attacks generally came on of an evening, especially if the room was close. And her mood was a weeping one. Pulsatilla^{200} was the only medicine I gave this woman.

Occasionally, after studying a case we give a different remedy to the one we had first thought of. This change in our decision often comes through the discovery, perhaps at the last moment, of some new symptom, which may have been extracted by cross questioning, or volunteered by the patient when he sees how anxious you are to find out all about him. I was puzzled one day whether to give Lachesis or Lac Caninum to a young man suffering from tonsillitis which had begun on the left side and extended to the right. There were many symptoms which pointed alike to those two remedies. I was about to prescribe Lachesis when the sufferer said: "By the bye, when I had an attack of tonsillitis some years ago my mother told me how strangely it acted: the trouble began on the left tonsil first, then attacked the right, and afterwards the left again. Surely I am not going to have another siege of the same kind." I changed my prescription to Lac Caninum and the patient soon improved and he did not have a repetition of his former experience.

Only a few days ago I had given a patient some powders of Glonoine, for a congestive headache, when just as she reached the door of my office, on her way out, she said: "I forgot to tell you I am so nervous now when I walk downstairs. I am in mortal dread of falling, I feel so dizzy." This symptom led me to another study of her case. Ferrum^{200} had a very gratifying effect.

While I readily admit that we should strenuously avoid putting direct questions to patients, still it is sometimes almost impossible not to do so. Not seldom we find symptoms indicating equally two remedies, some few additional details are

nomy often convey a plain and true story, from which they readily deduct sound conclusions as to the suitable remedies for the different classes of sufferers; also the kind of environment, the soil, food and climate suited to the various invalids under notice. And although all practitioners cannot lay claim to an equal share of this valuable faculty, there is pleasure in the reflection that it may be acquired or cultivated to a considerable extent by study and observation. In view of its great importance to mankind, it behooves us all to train the eye, ear and other faculties in every way calulated to assist us most in the worthy as well as useful work of the quick and correct discernment of disease.

Gentlemen and colleagues, this paper has already reached proportions larger than I anticipated, and yet I have touched upon only a few of the contingencies besetting us in our daily professional paths. I have also tried to keep carefully within the limits prescribed in the treatment of my subject. But I fear, nevertheless, that I have occasionally treaded upon ground rightfully belonging to another and abler essayist—our learned *confrere*, Dr. Samuel Kimball. For thus unwittingly "poaching upon his preserves," I feel it my duty to beg his pardon.

But I must now strive to conclude, out of respect for your patience, at least. As has been truly said by one interested in the healing art, the most learned practitioner is he who cures most and cures best. In this useful mission the Homœopath possesses a great advantage over the other schools, as, under the law guiding him, he can overcome or remove any disease not beyond human skill. Without, however, an assiduous study of the Materia Medica and the thorough analysis of every case coming before him for treatment, he must fail as signally as his opponents of the other schools. It may be that the practice of medicine is, as Dr. Johnson remarks, "a melancholy attendance upon misery, a mean submission to peevishness, and a continued interruption to rest and pleasure;" but the study of life and death, of health and disease as well, appeals to the better part of man's nature, elevating his aims, while extending and deepening his sympathies. How gratifying, is it not, to be able with a word, or a look to overcome, at times, all the sufferer's anxieties, and dispel all his doubts and fears, or, at any rate, smooth the poor patient's path to the grave! There is, indeed, no nobler, no more philanthropic mission appealing to the sympathies of mankind than that of resisting and overcoming the many treacherous influences and agencies arrayed against health, from the first throb of the heart to the last beat of the pulse.

Ophthalmology, Otology and Laryngology.

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In the future send all Clinical verifications of Eye, Ear and Throat Symptoms to the above address.

A CASE OF CHRONIC ORBITAL PERIOSTITIS CURED.

Chronic orbital periostitis is supposed to be due to the result of some remote injury. Or, what is more likely, to a strumous or syphilitic cause, either inherited, as in the case of children, or sometimes acquired in adults. The condition is often difficult to distinguish from a cellulitis of the orbit, particularly if the point of periorbital inflammation is situated deep within the cavity, rather than at its external margin; in the latter case the localized prominence and hard swelling, can be seen and felt, immovably attached to the bone, and causing the rim of the orbit to appear much thickened and distorted. Where periostitis is situated deep in the orbit, especially in its roof, and an abscess forms here, the prognosis is of much more serious moment, and the disease is of much longer duration, than where it is localized more superficially. Deep periosteal abscess of the upper wall is a very serious disease, from the fact that the point of suppuration is in such close proximity to the brain, being separated only by a very thin bony wall, that it is likely to extend to the cranial cavity, giving rise to meningitis, or abscess of the brain; or necrosis of the bone and perforation of the orbital plate may take place. In one case the extent of periosteal inflammation involved both the upper and inner wall.

Mrs. M., aged 68, a thin, rather short, attenuated individual, weighing, in her average health, about 65 pounds, but at the time of my first visit, having been suffering for two or three weeks with fever, entire loss of appetite, spells of great pain, and wakeful nights, had lost in consequence about all her usual amount of flesh, so that she looked more like an at-

tenuated skeleton than an animated being. I found her in bed suffering much pain; the integument, including that of the brow and left upper lid was inflamed, swollen, doughy, adematous and puffy, being very sensitive to touch; the eye was noticeably prominent, and largely restricted in its upward and inward motion, owing to the swollen state of the tissues within the orbit. She was very peevish, irritable and impatient, and felt and looked as if she would lose her reason. She had violent darting pains in the eyeball, and supra orbital region, with much boring pain in the upper wall of the orbit, which showed considerable periosteal thickening; pulse was accelerated, temperature 102° ; thirsty, much chilliness and shivering over the body, especially in the back, the chilliness flitting from *below upwards, over that part of the body;* she had great languor and debility. Tongue had a thick greenish-yellow coating over its whole dorsum. The latter symptom proved the pivotal one, for, on considering the appearance of the tongue, attention was called to *calcarea caustica*, as the possible *similimum.* The remedy was studied, and an astonishingly accurate picture of the proving of the remedy was found. My first impression was to incise the point of inflammation and evacuate the pus that was evidently accumulating, but, owing to the extreme sensitiveness of the parts, and the bad experience she had once had from the inhalation of ether, the intended operation was deferred, and *calcarea caustic*^{10x}, was given instead, feeling that surgical interference would probably be necessary later. The effect of the remedy was surprisingly prompt, the abscess not only pointing rapidly and discharging, but the local and constitutional symptoms were rapidly improved. On probing the opening, the shaft passed into the orbit an inch and a half, and came in contact with denuded, roughened bone at the bottom. Notwithstanding the constitutional gain, and the relief to pain in the head and orbit, a fistulous opening remained at the upper and central part of the orbital depression, and a watery discharge, rather acrid in character, sometimes having a tinge of blood, continued for months; at times, the fistulous opening would close, when either the parts would inflame and break forth again, discharging from the old abscess opening, or an offensive discharge, both smelling and tasting badly, would occur

to the nose and throat, and sometimes from both the external fistulous opening, and nose and throat at the same time; the fact of the discharge taking place at times into the nose and throat, showed a probable necrosis, and valve-like perforation in the soft tissues, and extending through the horizontal plate of the ethmoid bone. She made complaint when the parts were pressed over the site of the abscess, of a pricking sensation, which lead to the supposition that a loosened spicula of bone was present. Continued comfort existed only when the abscess was discharging, either into the throat and nose, or from the orbital fistula, else the parts would redden, swell and become painful, and at times a meningeal irritation would become noticeably manifest, causing a condition of much vehement irritability and jealousy; at times, by spells, she was taciturn and obstinate, or had foolish talking and loud, boisterous laughing; at times, she was greatly hurried in all she said or did; could not talk or act fast enough; she was restless and wakeful at night; had much shooting pains in the head, which were confined to the *side* of the head, corresponding to the diseased orbit; the pain was aggravated by lying on the *left*, or *painful* side. The orbital plate of the left frontal bone is now permanently enlarged and thickened.

During an attack of mental disquietude, a specialist on insanity was consulted, to determine as to whether she should be committed to an insane asylum. Prescribed *Sulphur*^{cc}; this prescription was followed by no specially perceptible improvement, although she seemed somewhat better. She was able to attend, or thought she was, to the usual care of her family, but caused much trouble for her daughters, who, virtually had charge of the household affairs, although the mother considered herself at the head; the result was that much annoying, domestic complication was caused, for, by spells, the patient displayed anger, jealousy and vehemence; much scolding, fault-finding, etc., alternating with melancholly, depression, joylessness, taciturnity, or she had spells of loud foolish laughing and talking. They found it impossible to retain the service of domestics, for the mother would become provoked with them, and imperiously discharge them. The remedy that finally cured the periorbital disease was selected almost wholly from the picture of the *mental state*, al-

though the *character* of the discharge, and the fact of a prominent *natrum muriaticum* symptom having developed of *great aversion to bread and to wheat, for both of which aliments she was formerly very fond*, still further emphasized its choice. A perfect picture of the *mental* condition is represented in *natrum muriaticum*. In the proving of *natrum muraticum*, under *mind and disposition* are the following symptoms, viz.: *Sadness; desponding, melancholly mood, in paroxysms; was unable to forget offenses committed against her, torments herself by hunting up disagreeable ideas: fears she will lose her reason; thinks up past disagreeable occurrences, for the purpose of indulging her grief concerning it; takes everything in bad part, and weeps; hypochondriacal, and is tired of life; apprehensive for the future; anxiety and restlessness, alternating with indifference; joyless; taciturn; anxious hurriedness; great irritability; very much out of humor, peevish and taciturn; quarrelsome; offended at a joke; gets vehemently angry at trifles; passionate vehemence; hates her sons who had offended her formerly; laughs violently at things which are not rediculous; striking alternation of ill humor and excessive weakness.* This latter symptom of *alternation and ill humor, and excessive weakness* and the fact of *abrupt alternation and vacillation of the mental state*, i. e., *contrariety in the mental attitude, alternately prevailing*, are marked indications for *natrum muiraticum*, and often aid in determining the selection of the *similimum*. The physical symptoms of the patient, as expressed under the proving of *natrum muriaticum*, are aggravation from *lying* on the *left*, and on the *painful side*; headache in the left side; aching above the *left* eye; oppressive headache, with an *aggravation of the foregoing mental symptoms*; much stitching pain in the head; *much wakefulness, feeling it a struggle between sleep and wakefulness;* passes urine often during the night; *dreams much, of murder, rows and fires.* The patient was sick for a little more than two years, but much better after the use of *calcarea caustic*, so that, on the whole, she was able to attend to her household affairs, and go out of doors on pleasant days. Since taking natrum muriaticum^{cc}, however, she has become generally very well, the periorbital disease is cured; she goes about in a cheerful, uncomplaining state; sleeps well, and eats well. The fistulous opening has closed

there is no discharge into the nose and throat, and the mental disquietude has not returned. Although never a vigorous person, she is now able to attend to her family duties as they arise, and considers herself very well. I watched, for a long time, for spiculæ of bone in the discharge, and she reported the escape of several hard granular substances a few times, but they were not kept for my inspection. This case simply illustrates again more of the wonders contained in, and developed by, the potentization of a remedy; and where that remedy is indicated as the *similimum*, the result, in the curative influence, even in disorganizing soft tissues and broken down bony structures, or in any other diseased process, is often perfectly wonderful and amazing; the only necessity, in a possible curable case, is to select the remedy according to the *law* given us by the immortal Hahnemann, *similia, similibus curantur;* first getting the correct picture of the diseased process, by totality of the symptoms, then applying our remedy, with exactness, in accordance with that law of cure. Notwithstanding the fact that a large per centage of chloride of sodium is contained in all the tissues of the body, and that we imbibe daily, with all articles of food, and nutrition in general, a liberal seasoning of this agent, a hitherto unaccustomed power is developed in it, by potentization and succession, that had been concealed and was latent, though of course, existing even in its cruder form; this revealed agency, through potentization, is capable of entering most deeply into the very essence and into the finest molecular construction, of our entire being, and, by so doing, sets to right the changes in the molecular disarrangement, that were causing the local expression of disease, by simply bringing into order the condition that *caused* it. It is important to remember a fact, that I think we are often prone to forget, viz.: that local manifestations of disease, as represented by gangrene, ulceration, inflammation, etc., etc., are not the disease itself, but are simply an expression coming from the result of a molecular disarrangement, that is permitting these changes that we CALL disease. By thus reasoning we can readily see the underlying principle for cures by highly potentized remedies. It is evidently not necessary to be able to *see*, by the naked eye, or the microscope, particles of a drug existing in the po-

tentized remedy, in order to have an agent that WILL *cure*, notwithstanding it has been so claimed by some materialists, to be necessary so to be able. If we *stop* at a point where things must be *seen* by the human eye, 'tis evident that *much* would be lost to our human agencies, not only in curative means in medicine, but in much that surrounds us in the terrestrial life. It matters not what curative agent is used, providing its indications are well proven and understood, and as our friend, Dr. F. B. Bell, has said concerning the value of Psorinum, "Whether derived from the purest gold or purest filth, our gratitude for its excellent services forbids us to inquire or care," and so long as any remedy is indicated, by the symptoms, in each individual case, it is capable of cure. When a remedy is thus carefully selected, it will, without doubt, prove curative, if the case is one amenable to the processes of health, proof of which is most abundant and overwhelming, and placed far beyond the cavil of doubt, as has been, and is conclusively and repeatedly proven by many an earnest, competent prescriber. Surgically considered, and, as a rule, such a case as this, is so classified, even by those who know full well the value of homœopathic means, the patient would have been subjected to a serious operation, probably, at least, to the loss of an eyeball, and more than likely, to life itself, in the effort to eliminate dead bone, and clean up the fistulous canal extending along the channel made for the purulent discharge from the orbital cavity, through the several bones, into the nose. It is, of course, fortunate that surgical means is frequently capable of affording a means of relief to disorganizing processes; and far be it from my wish to belittle its great usefulness, but it, unfortunately, is a fact, that with the advance made in surgical methods of the day, that the truth of the wonders possible, by the similimum is often, in advance, lost sight of, so that without ever considering or remembering its usefulness, or the fact of its very existence, we doom our patients too often to surgical means instead. "Die milde macht ist gross," is just as true today, as it ever was, and should still be kept prominently before us.

Society Reports.

CENTRAL NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

The quarterly meeting of this society was called to order by the Vice-President, Dr. Isaiah Dever, at 12 M., March 16th, 1894, at Syracuse, N. Y.

Members present: Drs. Martin, Follet, Dever, Stow, Carr, Chase, Wells, Brewster, Leggett, Tobey.

Visitors present: Drs. Kaiser, Straten.

The reading of the minutes of the December meeting was followed by a motion to adjourn to an executive session.

Seconded and carried.

Upon re-convening the motion to adopt the minutes subject to the erasure of one paragraph was carried.

Dr. Carr then stated the peculiar position in which pure Homœopaths were often placed in the city of R———, and the questions asked concerning the practice of the Hahnemannian and so-called "progressive" Homœopaths; he therefore objected to an apparent endorsement of pronouncedly allopathic sentiment.

There was nothing to report by the Chairman of the Board of Censors except the performance of his duties in late application.

Moved, seconded and carried to adjourn until 2 P. M.

Meeting again called to order at 2 P. M.

Dr. Carr made a motion to suspend the order of business, taking up the miscellaneous to give all a time for any discussions that might arise. Seconded and carried.

The report of the Committee upon publication of the History of Homœopathics in the State of New York, whose Secretary, Dr. Ross, was absent, was given by the Secretary of this Society.

The loss of the said manuscript reported in December had been carefully looked into by the Secretary and Dr. Seward. All seemed to hinge upon the fact that there was no receipt taken at the express office. Each office had reported a thor-

ough search of the entries upon the date of loss, the 7th of October, and upon the dates preceding and succeeding the 6th and 8th. Since that time an offer of $5.00 had been made in each of three express offices for a search throughout October and delivery of said manuscript, and an advertisement for lost parcel, offering the same reward, had been placed in the daily Herald for a week, and as yet it had not been heard from, much to the sorrow of the sender, Dr. Seward.

Dr. Wells thinks that perhaps it is just as well, that the matter had remained so long unpublished, that the work of bringing it up to date was so great that it would be too much of an undertaking for any one to assume, and that as he was now too old to attempt such work, it might be better to let all drop, so, would move the discharge of the Committee with thanks for past attention.

The report of the Committee upon the Philadelphia Post Graduate Scholarship was made by Dr. Leggett. Drs. Kent, Carr and Leggett being the original Committee.

At the meeting of the Central New York Homœopathic Medical Society, September 15th, 1892, a motion was made by Dr. Grant for the establishment of a Scholarship in the Philadelphia Post Graduate School of Homœopathics, and that applicants for such Scholarship should be submitted to a Committee composed of Drs. Kent, Carr and Leggett.

Seconded and carried.

There was also a motion by Dr. Carr, after the decision that the sum for said Scholarship should be raised by voluntary subscription, that a Committee be appointed who were to raise the said subscriptions, voluntary as far as possible, the deficiency to be provided from the funds of the treasury, or by *pro rata* assessment by the Secretary, who was empowered to make such assessment.

On March 16th, 1893, your Secretary reported a final application—after six rejections by different physicians—of Dr. Olds, of Lockport, N. Y., a pupil of J. D. Tyrell, Toronto, Ont., who was accepted, the funds raised, the sum authorized by President and Vice-President to be paid over to Dean of the Philadelphia Post Graduate School of Homœopathics, the receipt filed, and the student entered upon his duties.

The time has come for the selection of another student for

the Scholarship proposed, and one application has been received by the Secretary.

We have reason to be proud of the work being accomplished by this Society, and may surely congratulate ourselves if through our efforts, devoted with single-mindedness to a purpose, we are the means of the advancement of at least one physician a year into a deeper knowledge of the more practical truths of our beloved Science, and practical demonstration of principles as facts are the *only* methods of such progress.

Dr. Brewster moves that the labors of this Committee be accepted with thanks. Seconded and carried.

Dr. Carr would like to know if the Scholarship was made permanent.

The Secretary quoted the motion.

Dr. Brewster moves that this Committee be continued. Seconded and carried.

The report of the Committee upon the Resolutions containing recognition of the former faithful work, and sympathy with present suffering of C. P. Jennings, M. D., was referred to Dr. Stow as Chairman in place of the late Dr. Julius G. Schmitt.

Resolutions of sympathy and respect, rendered Dr. C. P. Jennings, by the Central New York Homœopathic Medical Society, March 15th, 1894.

WHEREAS, We learn of the declining health and infirmity of Dr. C. P. Jennings, an honored, and once active member of this Society; one who, not only stood for principle in all matters, but notably so in the defense and propagation of homœopathy, therefore,

Resolved, That we do sincerely and cordially extend our love and heartfelt sympathy, to our once President, and for years, Secretary, in these days of his affliction and advancing years, praying God whom he has so long served, to be ever near him.

Resolved, That we also sympathize with his family and friends, and render them, these assurances of our respect, hoping, praying, that the Doctor and they, may be spared to each other and to society, many years of health, and of faith, serenity, and usefulness.

Resolved: That a copy of these resolutions be entered upon the minutes of this Society and forwarded to Dr. Jennings.

T. DWIGHT STOW,
STEPHEN SEWARD,
Committee.

The President appoints Drs. Stow and Carr as committee to draft resolutions concerning the loss of the late Julius G. Schmitt, M. D.

During their preparation Dr. Carr gave a talk upon Typhoid management.

The death of the Chairman of the Committee prevented a report the result of his communications with the various Homœpathic Medical Societies in the United States, concerning the feasibility of a Journal devoted to their interests.

Dr. Brewster moves that the Committee upon the feasibility of the Journal above mentioned be continued with Dr. A. B. Carr as Chairman.

Seconded and carried.

Dr. Carr:—Since the last visit of Dr. Seward in Rochester, and his talk upon the diet ot typhoid patients, had followed his advice and experience with marked success. He had been in the habit of ordering a light diet in typhoid conditions, but believes that in the earlier manifestations, at least, water is the best of diets. He had treated at least three cases since he last talked on this subject. He had restricted the patients to water for from twenty-four to forty-eight hours, then had allowed milk and water, until nature began to demand a greater amount of nourishment. It was astonishing how one could learn to prognose condition by simple observation of the case. It was rarely, that he could not prognose an approaching collapse, and have the family prepared for it, with beef-tea, small quantities frequently administered, etc. In one instance he had been impressed with his ability to prognose the approach of collapse, by noting the character of pulse and temperature. If there is a sudden fall of temperature with a still rapid pulse, we may always anticipate danger. In the case mentioned, a young, strong, healthy man, continued about his work for a week or ten days after a physician should have been called, and began his treatment by a dose of vegetable pills and oil, on Sunday. On Monday he could not remain at work because of his indisposition, and the former treatment was repeated. On Wednesday the doctor was called to find temperature 103, pulse rapid, no action of bowels since the cathartic, tongue brown, difficult articulation, perfect consciousness, but conditions, all well advanced.

Told the mother, to call other council, that the prognosis was unfavorable. The progress during first day was favorable, so far as outer seeming goes, but he desired council knowing that it was only an outer seeming. Told them to call whom they pleased, if not one with whom he could council he would resign to their choice. A final conclusion in favor of Dr. Biegler, led to the same unfavorable prognosis, in almost the same words. Having prepared the parent for collapse, warned her to prepare, and how to prepare the beef-tea, and how to give; within a few hours the collapse came; the patient died. Why? The discovery of profuse hemorrhage of bowels saturating the bedding was made after death. A case of typhoid, so far advanced, begun with cathartics, will always end with hemorrhage of the bowels.

The report of the Committee upon the resolution concerning Dr. Julius G. Schmitt, was then read by the Chairman, Dr. Stow.

Resolutions of the Central New York Homœopatic Medical Society upon the death of the late Julius G. Schmitt.

WHEREAS, We learn with surprise and great sorrow, of the death of Dr. Julius G. Schmitt, an honored, active, and influential member of this Society, who died March 2, 1894, therefore,

Resolved, That we extend our heartfelt sympathy, to his wife, and to his friends in Germany, and to his friends in Rochester and elsewhere, believing his death to be a cause for sincere grief.

Resolved, That these resolutions be entered on the minutes of this Association, and that copies be furnished Mrs. Smith, THE MEDICAL ADVANCE and the *Homœopathic Physician*.

DR. T. D. STOW,
DR. A. B. CARR,
Committee.

Dr. Brewster moves the acceptance of the resolutions and the discharge of the Committee, with thanks. Seconded and carried.

Dr. Brewster was appointed to the chair, and Dr. Dever presented his paper upon

SECTIONS 141 AND 142 OF THE ORGANON.

141.—"But of all the pure experiments relative to the changes which simple medicines produce, and the morbid symptoms they excite in healthy persons, those are always the

best which a person (enjoying a good state of health, free from prejudice, and able to analyze his sensations) makes on his own person, observing at the same time, the precautions that have just been described. A thing is never more certain than when it has been tried on ourselves."

142.—"But how the symptoms produced by a simple medicine can be distinguished among the symptoms of the original disease, even in those which mostly retain their identity, more especially chronic disease, is an object for superior discernment, and to be left to matters in observation.

It is interesting to the student of Homœopathics to follow the author of our system of medicine, step by step as he develops and illustrates the foundation principles upon which the Homœopathic system of medicine rests.

No one acquainted with the two hundred and ninety-four sections of the Organon, can deny that they are the product of a master mind, and in truth but little short of inspiration. Each section of this wonderful book teaches some separate vital truth, governing the healing art, yet each section is somewhat dependent on each preceding and succeeding section for a full explanation of the law which governs the therapeutic action of medicine.

Hahnemann's experiment with Cinchona Bark, which is familiar to all, resulted in a veritable triumph, as it led to the discovery of the law by which medicines cure disease, the necessity of instituting provings of simple medicines on healthy persons for the purpose of obtaining their health disturbing influence, and the only direction in which future medical progress could be had.

Hence we find in Section 141 a plain declaration of truth, having express reference to the quality of body and soul necessary in those who would enter the arena as provers of medicines. The several necessary qualifications are a sound, healthy body, free from any disease symptoms; then he or she must be capable, free from prejudice, and able to analyze his or her sensations.

This Section further tells us, that those provings are always the best which the physician makes upon himself, of course observing the above necessary precautions which are imperative. This Section, like all others contained in the Organon of the

healing art, has a deeper meaning than one would be likely to obtain by a first or even second reading. The understanding which we have is that the prover shall be so constituted and so situated, that all abnormal symptoms produced by the remedy will find their just value in the record which he makes of his sensations while under the influence of the remedy. As the best of all evidence is that obtained by our own sensations, we as physicians, when capable, are advised to do as Hahnemann and his followers did; make provings of medicines on ourselves.

That the provers of our polychrests possessed the virtues necessary for the work which they did should be received without doubt, as a large majority of the symptoms which they have furnished have been verified by cures.

If there had been no provings of pure, simple medicines upon healthy persons, for the purpose of obtaining their health disturbing influence, it would not have been possible for the physician to select a remedy in conformity to the law of cure, hence Section 142 of the Organon may be justly regarded as a protest to the incorporation of any symptoms into our Materia Medica, which have not been subjected to the rules so plainly taught in the previous Section.

Symptoms, obtained from those laboring under any form of diseased action, are not to be regarded with any degree of favor. "The investigation of the pure effects of medicine by their administration in disease is difficult." This is the injunction of none other than the immortal Hahnemann. Dare we disregard it? Such investigations are always to be doubted and rejected by the seeker after truth, and the more so, since a large number of persons who are capable and willing, and from whom we can obtain pure and unmixed symptoms, are to be had for the asking.

If this Section is true, and we have yet to learn that there is a single paragraph in the Organon that is not true to the letter, what are we to think of that large class of physicians whose Materia Medica has no foundation except that of accident and symptoms of medicines obtained from diseased organizations. We would respectfully ask the unbiased-thinking individual which is the scientific school of medicine?

But, I am told by some Homœopathic pretenders, "medicine

is a progressive science, and that it will not do to stop where Hahnemann left off, but we must obtain all things from all sources and progress with the age of progression." That is so; and, that is just what the Homoeopathic school is doing and has been doing for the last hundred years—progressing under the benign influence of a God given law, without which there can be many changes, as we see in regular practice, and those who ape their formulas, but no progression. Progress is only possible under an intelligent direction of the law.

New medical substances become the property of the Hahnemannian after he has instituted a proving and obtained their peculiar health disturbing influence, making them subject to the skill and intelligence of the prescriber, when they are transformed into willing servants and ready to do his lawful bidding. Hence the Homœopath cannot be tempted into the illusive practice of empiricism so long as he adheres to the potent truths which are to be found, and only found, in the two hundred and ninety-four Sections of the Organon. Though all are of vital importance as to the truth they teach, none are more so than the 141 and 142 Sections, inasmuch as they have express reference to the purity of our Materia Medica. Neither is this all; through their teachings we are made judges of the value of any remedy which may be offered for our consideration, and the first question is as to the provings of the remedy, for by its health disturbing influence we are made aquainted with its curative range of action, and this was the leading thought in the mind of the writer of the above named Sections of the Organon.

Medicine whose effects were made known from their administration to the healthy, was a principle next to the law of similars and without which the law of similars would have remained inoperative, hence he has taken due caution to guard the Materia Medica in those Sections, against the introduction of any except pure and reliable symptoms; and, as before stated, it was for that purpose alone that they appear in this connection as watch dogs to the portals of the pure and progressive science of Homœopathy, whose elder brother had already become jealous and active in circulating slanderous reports, the nature of which were calculated to cast a blot upon her fair name.

But in this as in all, we can truly say, "Virtue is not without its reward."

The paper was opened for discussion, and after several endorsements of its contents, Dr. Carr said that there need be no correction to the statements but hearty endorsement by this Society, especially to the point made upon the scientific mothods (?) of a certain wing of our School. Their announcements are not in the line of progression, they are still behind, a thousand years behind, the law still remains, and it is invariable. He is sure few of our colleges teach Homœopathy, he has had many and frequent opportunities to talk to the newly graduated Homœopathic (?) physician, and finds them full of the knowledge of all things excepting Homœopathy. They have not yet learned to select the remedy, they do not know what the remedy can do, they do not know how to cover the totality of symptoms, they are possessed with the idea of a memorized Materia Medica, and of peculiar characteristics which they are unable to fit to the case, and if it does not work, Homœopathy has failed. The law is not at fault, it is the faulty training, they have neither learned to observe nor select on their observation. They are full of new microscopical discoveries, or the last miracle worker in therapeutics, but they know nothing of the application of Homœopathic law.

Dr. Dever: There are no two sections of the Organon that seem to cover more of the facts of our homœopathic teaching than the sections 142-143 just given. When the notice of my appointment by the President to present to you an essay upon these sections was received from the Secretary, and the Sections read, it at first seemed that there was nothing in them to write upon. Looking further it was found that upon these two sections hinged all that was to be said in relation to our Materia Medica. It was in these Sections that we were instructed how to prepare and perpetuate all that can possibly be of use in the Materia Medica. Dr. Carr was quite right in his remarks upon the progressive (?) wing of our School, they do not know how to select the remedy, they do not know its power, they are unable to cover the totality, therefore Homœopathy has failed. It is rarely that the failure is attributed to themselves.

Dr. Stow most thoroughly endorses and would move a vote of thanks from the Society to Dr. Dever for his able paper.

Seconded and carried.

Dr. L. B. Wells then presented a paper on vaccination, which at this time had greatly excited his interest because of the arbitrary acts of the Board of Health in his city, Utica, whose final act had been, upon the 13th, to pass an ordinance to the effect that no child or person should be permitted to enter either public or private school, unless they had been vaccinated within four years. Dr. Wells had also invited Dr. Stow to give some plain facts upon this subject, knowing that Dr. Stow had made vaccination a subject of extensive investigation.

VACCINATION.

That small-pox has been prevented in multitudes of cases by vaccination is not an undisputed fact.

By the transmission of virus from one person to another it was discovered that disease often followed its practice, as there are but few persons who are entirely free from some hereditary morbific condition. Then the practice of procuring the virus directly from the cow was introduced, in several European countries, with success.

It is probable, that bovine disease was not realized to any extent sufficient to impair its efficacy, as a preventive measure. The development of tuberculosis in the bovine species, has become a serious consideration in relation to vaccination. It is stated that in the state of New York recently two thousand cows have been condemned to be slaughtered for tuberculosis, and the only reason that it has not been done is that the Legislature has not made the necessary appropriation. Fifteen valuable cows out of a herd of twenty-one were killed in Rhineberk, a week ago last Wednesday, for tuberculosis. At a medical meeting in London, a few months since, the subject of vaccination was discussed and a committee was appointed to investigate the matter. They examined a herd of forty valuable cows, and selected six, not from any special indication of disease, but of average appearance. These were slaughtered; five had tuberculosis. The question arises have we the necessary means of the prevention of its probable dissemination by vaccination, by medicine?

Boards of Health in our cities are using arbitrary measures to enforce health regulations, in excluding from public and private schools, children not recently vaccinated. Would it not be well to appeal to the Legislature to modify the law?

Dr. Stow prefacing his paper upon the same subject, said: "If it is true that vaccination is a prophylaxis, in any sense of the word, he would be slow to advise its abandonment by any who should choose that method, but considers it wholly unnecessary arbitrarily to enforce those ideas upon his neighbor. If vaccination is a preventative, that person is protected no matter how close the contiguity, if thoroughly vaccinated. He could see no reason why clean, healthy, pretty babes should be called a nuisance, because Boards of Health choose to so designate them. He sees no reason why the parents of such a healthy child should be forced to risk its becoming diseased, for the purpose of endorsing a theory, still insufficiently supported by evidence as to its prophylactic effects—to say nothing of those effects known to be deleterious. It is a barbaric habit that he hopes his life will be sufficiently long to see overcome by advancing civilization. Had he children, and his house was entered by the public vaccinator upon such a purpose, and he could prevent it in no other way, he would do so at the mouth of a revolver. He would be glad to have the thought of this Society upon this subject thoroughly ventilated.

VACCINATION—DR. STOW'S PAPER.

The year 1893, and this year but just opened, have been marked by much activity along the lines of reformation, morally, socially and politically. A spirit of reform is ever active among men, in spite of persecution and suffering, and it is well that it is so. Without reformers and agitators, the evils that confront mankind would soon destroy all honor, all peace and prosperity. The spirit of reform is as strong within the medical profession, as it ever has been, and it is our hope and safety. But for Harvey, Hahnemann, Gram, Hering, Dunham, P. P. Wells, and a host of others, Homœopathy would not be the blessing to millions it now is. But, it requires constant vigilance to keep what of good we get, for error insidiously creeps in.

Among the errors that have gained foot-hold in the medical profession, and through it, upon the people, is the vaccination delusion. The Jennerian doctrine, offered as a substitute for the practice of inoculation, that proved to be so disastrous, that in England it was driven out by Legislative act, has been defended and practiced since the year 1797. Jenner advanced the theory, that the introduction of vaccine virus, or the lymph taken from the bovine pock, into the human organism would protect the individual vaccinated against small-pox, forever. Later, he denied the efficacy of the cow-pox virus, but advocated the use of horse-grease, as alone valuable for the purpose. Though the people and the profession at large have followed the custom of vaccinating for nearly a century, there has been from the beginning much and growing opposition to the practice for several weighty reasons. The opponents of vaccination present the following reasons for their opposition to vaccination:

1st. The introduction of the vaccine virus, or in plain English, of a septic and animal poison, into the human organism, is contrary to sound reason and productive of injurious consequences, near or remote.

2d. Like begets like. So, the vaccination of persons with matter taken from the pocks of human beings or of animals, conveys a subtile poison that may, and in thousands of cases has produced disease and death: "Whatsoever a man soweth that shall he also reap." Variolous seed produces a variolous crop, or some of its modifications; or, some admixture of the systemic faults, taints, mental or physical, of man or brute, from whomsoever taken.

3d. Victims of the vaccination fetish, are multiplying weekly, and it is now positively known, that a variety of inoculable diseases are engrafted and propagated by vaccination; *e. g.*, erysipelas, scrofula, syphilis, and various skin diseases. Alas, that infant mortality, has greatly increased from inoculable diseases.

4th. Vaccination does not prevent small-pox, for three-fourths and in some cases nine-tenths of the small-pox patients admitted to hospitals, have been vaccinated.

5th. It does not mitigate small-pox, for the mortality per

cent from that disease is the same now, as it was before the discovery of vaccination.

6th. No two doctors agree as to what constitutes "pure lymph." Much of the lymph now in use is nothing but small-pox.

7th. Sanitation alone can "stamp out" small-pox without vaccination.

8th. Compulsory vaccination is an unwarrantable outrage upon parental conscience, parental intelligence, and parental rights.

9th. Re-vaccination, so zealously advocated for the last twelve or fifteen years, is an open confession of the impotency of vaccination to protect for any definite time. Who can tell when the "protective force" of vaccination expires?

Dr. Stow further gave his experience of a test of this law of compulsory vaccination, during his life in Fall River, Mass. He stated that in France and England, the refusal to conform to that law was compounded by a fine among the richer classes, while the poor were made to submit.

Read from Pearce's "Vital Statistics."

Published 1882.

"Vaccination was made compulsory in the year 1853, again in 1867, and still more stringently in 1871. Since 1853 we have had three epidemics of small-pox.

"In the first epidemic after the act came into operation, viz: in the year 1857–8–9, the deaths from small-pox were 14,244; 1863–4–5, (the second epidemic), they rose to 20,059; 1870–1–2, (the third epidemic), they reached 44,840, so that, notwithstanding the very considerable increase in the number of vaccinations, the disease advanced in increasing ratio.

"In the year 1863, when there was less general vaccination than at present prevails, Dr. Seaton and Dr. Buchanan inspected the schools of London with reference to this question. They examined fifty-three thousand children, mostly between three and twelve years of age. The upshot of the figures was this, that about 95⅔ per cent were protected; i. e., one per cent, by previous small-pox, and the remaining 94⅔ per cent by vaccination, that only about 4½ per cent were unprotected.

"NOTE. Inoculation with small-pox and cow-pox was done by means of a darning needle by thousands of old women, and

effectually. Today (1892) the ninth annual report of the Local Government Board states, that no vaccinator can legally act as such, unless he has the double qualification of surgeon and physician!!!

Increase of population from 1st to 2d epidemic.....	7	per cent
" " small-pox same period.....	50	" "
" " population from 2d to 3d epidemic.....	10	" "
" " small-pox same period	120	" "

In the year 1857, Mr. Simon, in his "Papers on vaccination," before referred to, said.

"In large part, vaccination is certainly good, otherwise small-pox could not be within half a century, as it has been, rendered comparatively *infrequent* and *inocuous.*"!!!

In 1873 there were 2,054 cases of small-pox. Of these, 1,669 recovered; 385 died. The deaths percent, were 18.74. Among these cases were:

	Cases.	Died.	Death rate.
Vaccinated.....	1337	219	16.38
Unvaccinated.....	596	148	24.83
Revaccinated.....	42	7	15.22
Had small-pox previously....	11	2	18.18
Doubtful.....	64	9	14.06

In Mr. Simon's report to the Local Government Board, March, 1875, alluding to the recent epidemics, the following statement appears:

"Prussia was, after France, the first continental state to feel the force of the epidemic. The small-pox deaths in Prussia, which in 1870 were 4,200, rose in 1871 to 69,839, equivalent to a death rate of 2,430 per million living or very nearly twice and a half the death rate in England in the same year. Prussia, "well vaccinated," suffered more severely than other states in which comparatively few were vaccinated.

In France, the epidemic of small-pox began in the closing months of the year 1869. The French government in the spring of 1870, instituted calf vaccination to avoid the serious risk of arm to arm vaccination. Vaccination with calf lymph was made gratuitous, vaccination and re-vaccination was performed on thousands, but these fell victims to small-pox equally with the unvaccinated.

In the year 1870, 10,339 died of small-pox in Paris alone, the death rate reaching no less than five thousand seven hundred and twenty per million.

It will be observed that Paris, alarmed at the mortality of 1868–9, amounting to 1,378 in two years, calf vaccination was resorted to, calves being lead through the streets of the city. This which was to stamp out small-pox, was followed in the same year by a mortality of 10,500 persons in Paris alone.

During the war with Prussia, small-pox broke out in Strasburg, and extended through the country. In Paris alone it carried off 15,000 persons, and it has been estimated that in the whole of France nearly two hundred thousand persons were victims. Italy was a sufferer also, Milan alone, recorded nearly 3,000 deaths, and it was observed there that the percentage of deaths was about equal in the vaccinated and the unvaccinated.

Austria in all its various states suffered severely as has been shown. A country too, where vaccination had been enforced by tyranny through the police."

Dr. Stow further said that it was not common sense to believe that foul disease, such as syphilis, etc., would not be propagated by vaccination with its disgusting sequelae of rotting bones and flesh.

The first step in producing Bovine virus, was to take lymph from the small-pox pustule, and inoculate heifers with it.

He then described the manner of Bovine vaccination, that he had witnessed, and stated that in the year 1880 he was deputed by the C. N. Y. H. M. Society, to examine the virus from the very best prepared tubes to be found. He took every pains to obtain the same, submitted it to both clinical and microscopical tests, and found not a single tube but that contained broken down blood and pus corpuscles.

In Bethlehem, Pa., in the year 18— there broke out an epidemic of small-pox. It was a small town, with at first but few cases. The population at last became frightened, sent for the best procurable virus, vaccinated right and left, with the result that seventy-five or eighty per cent of the children who had been vaccinated, had the small-pox. He had been there, and looked over the ground himself. The mortality then and there was thirty-three and one-third per cent.

In Syracuse, during the epidemic of the year 18— the re-

sult was similar, yet the advocates of vaccination claimed for it, that it saved the city.

The fact is: that an epidemic of any kind, attacks but a small percentage of the population if let alone, and that the efficacy of vaccination is based entirely upon theory.

How did Jenner discover the vaccination theory? Why he discovered that the milkmaids of Gloucestershire said, that they could have no small-pox because of their inoculation by cow-pox obtained during the milking of cows. The cows having cow-pox, with the pustules upon the udders and teats, and the maids having a cut or abrasion upon the hands, during the milking would become inoculated. So, Jenner declared. that inoculation by cow-pox was a preventative of small-pox, and was awarded £30,000 by Parliament for the discovery. He finally forsook this position, and advocated the use of horse grease."

After some discussion, it was desired to find the opinion of each member upon the subject, therefore Dr. Carr made the motion that Dr. Stow's nine reasons for opposition to vaccination be fully endorsed by this Society.

The vote was taken by the show of hands, and was unanimous, in favor of the motion.

Dr. Dever had several times been vaccinated, and then had small-pox beautifully.

Dr. Carr had a case in the hospital, that had been vaccinated several times, and had small-pox several times.

Dr. Leggett read short paper relating to the London Society for abolition of compulsory vaccination in a late number of the *Literary Digest.*

COMPULSORY VACCINATION.

"The work of the London Society for the Abolition of Compulsory Vaccination is outlined in a pamphlet by William Tebb, F. R. C. S., in which he gives the story of fourteen years' struggle for emancipation from the vaccination tyranny. Vaccination was made compulsory in England and elsewhere on the apparently well-founded assumption that Jenner's discovery is an absolute protection against small-pox, and one of the most beneficient discoveries of science.

The agitation against its compulsory enforcement was wide-

spread and strong from the outset. Much of this may have been due to prejudice, but it was not long before intelligent observers saw reason to believe that painful and loathsome diseases were communicated to previously healthy children by means of vaccine lymph drawn from tainted children. The medical profession was, however, unanimous in support of the new practice, the law was enforced vigorously and hundreds of parents underwent the martyrdom of fine and imprisonment rather than subject their children to the ordeal.

At the beginning of 1880, a society was formed "to expose the miserable Jennerian delusion." This task was an uphill one. Vaccination had the almost unanimous support of the medical profession and of the ablest scientific and statistical authorities throughout the kingdom. Moreover, with the single exception of *The Echo*, all the London papers regarded the anti-vaccinators as contemptible cranks. But the organization gained in strength and influence, and in 1885, the men of Leicester turned out in a body, and made such a formidable demonstration against the compulsory laws, that it was thought prudent to suspend them. Three years later, Dr. Charles Creighton, an eminent pathologist, was selected by the editors of "*The Encyclopedia Britannica*" (ninth edition) to undertake an exhaustive investigation of the vaccination question. Though starting with a strong bias in favor of the popular medical dogma, the result was to convince him that vaccination is devoid of scientific foundation, and was, in short, a popular medical delusion. This was followed by Dr. Crookshank's "*History and Pathology of Vaccination*, in which the practice of vaccination was characterized as "an idol of the market-place." With the accession of medical experts to its ranks, the society has renewed its labors with determined energy, but popular fallacies die hard, and the anti-vaccinators look forward to some stern fighting yet, before they may hope to see the compulsory vaccination law repealed, and the medical profession ready to relegate the practice to the limbo of exploded delusion. Meantime the society has abundant fight in it, and our author reminds his readers of "the inde feasible right of a parent to protect his defenceless offspring from danger."

A Royal Commission of Inquiry on Vaccination has been in

session since April, 1889. It was appointed "to expose the distortions and misrepresentations of the enemies of vaccination." These enemies, however, see reasons to hope that the commission will recommend the modification if not the abolition of the law of compulsory vaccination.

Dr. Martin moves that these papers on vaccination be accepted with thanks. Seconded and carried.

Dr. Stow then presented the following

CRIMINAL CASE.

Mr. L. A., Oswego, N. Y., aged seventy-six, eyes blue, hair brown; weight, 160 pounds. Temperament, bilious, sanguine (?). Has had asthma for years, since boyhood, worse during July and August, and the attacks are provoked by dust, great heat, mental worry, but above all by indigestion.

In years past has suffered much from gastro-intestinal disorder for which he has been treated "secundum artem."

For the last four years has suffered greatly from Tic Douloureux of the left side. In tracing out his history, it seems that some strong bonds of relation or affinity exist between the coryza—for such it is, though at times it seems to be but a part of his asthmatic condition—and the painful, tormenting Tic Douloureux. The whole affair undoubtedly hangs upon a systemic taint, probably of sycotic origin, for his sisters and his brother, all, or for the most part, have large numbers of discrete, well defined warts, and some condyloma on their bodies—in this patient's case more on face, wrists, hands, behind the knees, and upon the leg of right side. Mr. A.——— had consulted Dr. VanDyne, of Syracuse, and Dr. Starr, of New York; also, had a celebrated dentist of Syracuse extract several teeth for him, but all with but meager results.

SYMPTOMATOLOGY.

Had a sharp attack of what seems to have been congestive headache in left side some four years ago. He then had much heat, dull, and at times sharp pain, with much soreness in the left hemisphere, that lasted some fourteen days; there was also fever.

Since then has irregular attacks of neuralgia.

1st. Soreness; lightning like, and at times, zig-zag, flashes along the track of the fifth nerve.

2nd. Attacks are provoked by a cessation of, or lessening of the coryza; in damp, cold weather; indigestion.

3rd. They are often accompanied with dysphagia, aphasia once, and drawing of the facial muscles to right side. The aphasia was temporary, lasting but a few hours.

4th. The soreness, pain, etc., are aggravated by touch, eating, talking, fatigue, riding; they are jabbing, sticking, and are aggravated by deglutition, empty, or of water, or food. Swallows solid food easiest, and with least pain.

5th. The coryza still persists, and comes on early, at 4 A. M. The symptoms of coryza are a profuse, thin, watery, odorless, hot discharge from nostrils (both), and from the eyes, with sneezing as a starter.

6th. When the coryza or catarrhal symptoms are worse, he has less facial neuralgia and vice-versa.

7th. His sight is ordinarily good.

8th. His hearing is also good.

9th. Taste is blunted, and it is hard to distinguish flavors. The sense of smell is fair.

AGGRAVATIONS AND AMELIORATIONS.

The coryza worse from 4 to 8 a. m., also better from warmth.

The Tic Douloureux, better from warmth, quietude, sleep, and pressure over the puncta. Worse from swallowing, riding, jarring, eating, drinking. Comes on at any time.

For some time has had sleeplessness, is restless at night; changes position often, gets up, walks about. Slept very well until he commenced taking morphine. Under these circumstances, of late, he goes to sleep at 3 a. m. Has been taking "McMunn's Elixer of Opium."

Temperature normal.

Pulse quite fair.

When the Tic Douloureux is aggravated, he has dysphagia, swallowing solids best; the obstruction seeming to be of the nature of a tumor, more to the left, and he has profuse perspiration that gives no relief.

October 31st. Mr. A——— has been improving since the

first. Has far less neuralgia, less sensitive to touch; eats and swallows better; sleeps well, has better circulation, but he has slight returns when the weather is damp, or from errors of diet, fat, rich food.

January 10, 1894, and May 2, 1894. Mr. A——— came in today and stated as follows:

The Tic Douloureux is better, had but two attacks when in Connecticut, and but two or three since. Has some pain in left molar bone, sore pain. Has better power to swallow, to eat, to smooth the whiskers, to press the parts. Has good appetite and digestion, only occasional disturbance after meals; fats disagree. Has 40 per cent less of the coryza than before. Can smell better, blow the nose better, and with less soreness than before. Has fewer "tics," but some neuralgia in occiput, and in upper neck. Has no pain at night. Some soreness of stomach after eating, something like an hour or so after a meal—say an hour or two.

Four prescriptions of Natrum Muriaticum^{cm}, two powders each. Substantially cured the patient.

Letters were read expressing disappointment at the inability to attend this meeting, from H. C. Allen and Dr. C. L. Olds.

An application by Dr. C. L. Tobey for the Scholarship was read.

The essayists for the June meeting appointed by the President were—

Organon 143–145—Dr. J. A. Biegler.

On medical subjects—Drs. Follet and Carr.

Adjourned to Rochester, June 21, 1894.

S. H. GUILD-LEGGETT, Sec'y.

Editorials.

SEMI-MONTHLY.

For over twenty-one years the MEDICAL ADVANCE has made regular visits, once a month, to the offices and homes of its friends—and staunch, loyal friends they have proven through all the years of trial and adversity that has come to this uncompromising advocate of the cause of pure Homœopathy. Many are the times that *policy* has held out her hand and said, "if you were more liberal in your views our support would be given to you;" and the reply has always been, "to compromise with error makes us parties to its far-reaching effects and a steadfast adherence to principles gives weight and force to our influence, limited though it be." The foundation upon which the MEDICAL ADVANCE is builded consists of the following principles chiseled out of the solid rock of human experience. "*When we have to deal with an art whose end is the saving of human life, any neglect to make ourselves masters of it becomes a crime.*" The safest, surest and best method for the healing of the sick was promulgated by the master mind of Hahnemann. This method is based upon the theory that in disease the vital force is primarily affected and expresses its disturbances by an abnormal performance of its functions; that this disturbance of the vital force and the consequent symptoms are inseparable; that this vital force (dynamic) cannot be affected directly by a material substance; that this vital force can only be influenced (morbidly or normally) by a spirit-like force, consequently can only be cured by the dynamic (spirit-like) effects of the morbific agencies; that we can only determine the effects produced by the dynamis of these morbific agencies by the testing of the same upon the vital force or dynamis controlling the life and development of the individual; that the symptoms produced upon the material body by the *influence* emanating from drugs upon the vital force are the only signs by which their curative power is to be recognized; that this curative power is based upon a law of nature

which when applied to disease is formulated as *similia similibus curantur.*

These principles have been put so the test for over half a century by hundreds of physicians, and today the most enthusiastic healers of mankind are those who have most carefully applied the principles laid down by Hahnemann in the *Organon of the Art of Healing*, and it is for this reason the MEDICAL ADVANCE feels it to be incumbent upon itself to hold high the Truth.

So generously have the readers of the MEDICAL ADVANCE sustained us in our effort to promulgate the Truth that in the future its visits will be double in frequency, and we sincerely trust the new era of prosperity will be marked with even richer contributions to the science of healing than has signalized the history of the past.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Very favorable reports come from all points except the territory west of Chicago and St. Louis respecting attendance upon the sessions of '95; and these unfavorable reports may be re-considered when the members bear in mind the fact that with mileage books the difference between the rates allowed by the Eastern Association are reduced to a minimum rate.

Such bureaus, as have sent in any report, give promise of profitable sessions. (It has been impossible to get full reports in time for this issue. We go to press ten days in advance of our regular day of issue).

Section of Obstetrics. Dr. T. Griswold Comstock, St. Louis, Chairman.

Prof. Walter Wesselhœft, Cambridge, Mass.; Dr. G. R. Southwick, Dr. H. E. Spalding, Dr. J. K. Culver, Boston, Mass.; Prof. J. N. Mitchell, Philadelphia, Pa.; Prof. L. L. Danforth, New York; Prof. R. N. Foster, Prof. L. C. Grosvenor, Dr. C. S. Stettler, Chicago; Dr. E. V. Van Norman San Diego, Cal.; Prof. W. A. Edmonds, Prof. W. C. Richardson, St. Louis; Prof. Emil G. Freiermuth, Denver.

Section of Neurology. Dr. N. B. Delameter, Chicago Chairman, will present the following list of papers: Clarence Bartlett, Philadelphia, "Therapeutics of Organic Diseases of the Spinal Cord;" Seldom H. Talcott, Middletown, New York,

"Degeneration and Regeneration;" J. Martine Kershaw, St. Louis, "The Immediate Treatment of Cerebral Hemorrhage;" H. V. Halbert, Chicago, "A Resume of 1895 in Neurological Pathology, Physiology and Anatomy;" J. Richey Horner, Allegheny, Pa., "Epilepsy, Prognosis;" J. T. Greenleaf, Owego, New York, "Straws;" J. T. Connor, New York, "Symptomatology *versus* Treatment in Brain Affections;" N. Emmons Paine, Newton, Mass., "The Homœopathic Medical Colleges and Instruction in Insanity;" C. T. Hood, Chicago, "General Management of Chorea;" M. B. Campbell, San Bernardino, Cal., "Masturbatic Dementia;" N. B. Delamater, Chicago, "A Resume of Neurology, 1895."

Section of Clinical Medicine and Pathology bids fair to be of practical interest to the meeting in Newport next June. Practical papers will be presented by men from widely different parts of the country. The effort has been made to avoid "text book papers," and to present subjects of interest to the general practitioner.

Volunteer papers will be welcome from any writer, but they ought to elucidate some special point, and not be too prolix or wordy. Original research is most desirable. The members of the Section are:

H. W. Westover, M. D., Chairman, St. Joseph, Mo.; H. W. Pierson, M. D., Secretary, Chicago, Ill.; C. W. Butler, M. D., Montclair, N. J.; M. Leal, M. D., New York City; W. J. Martin, M. D., Pittsburg, Pa.; A. K. Crawford, M. D., Chicago, Ill.; F. H. Orme, M. D., Atlanta, Ga.; W. A. Smith, M. D., Morgan Park, Ill.; J. T. O'Connor, M. D., New York City; W. J. Harris, M. D., St. Louis, Mo.; R. S. Marshall, M. D., Pittsburg, Pa.; C. R. Mayer, M. D., New Orleans, La.; R. Kingsman, M. D., Washington, D. C.; W. H. Hanchett, M. D., Omaha, Neb.; E. A. Clarke, M. D., Los Angeles, Cal.; T. C. Duncan, M. D., Chicago, Ill.; L. C. McElwee, M. D., St. Louis, Mo.

How are you going?

Three lines of railway are making *special* efforts to carry you over their respective roads, viz.: Lake Shore & Michigan Southern, also Michigan Central, in conjunction with the New York Central R. R.'s offer a choice of the following attractions to those who will go with them. A day at Niagara Falls and

a night ride through the State of New York, compelling you to leave Chicago at 3:00 P. M., Monday, June 17th, or a quick trip, leaving Chicago at about 10:30 A. M., of Tuesday, June 18, reaching the GRAND CENTRAL STATION, New York, at 1.45 P. M., thus giving you several hours before the boat leaves for Newport. Either of these lines will give you an option of a ride on Hudson River to Albany and ten days stop-over at Niagara Falls. The fare for the round trip will be $30.70 from Chicago to Newport and $5.00 for double berth.

The Baltimore & Ohio (Royal Blue Line) *Special* will leave the GRAND CENTRAL PASSENGER STATION, Chicago, at 10:15, Monday morning, June 17, so as to enable the party to pass through the picturesque mountain scenery of West Virginia and many points of historic interest associated with the late war during the day time. The train will reach Washington about noon of the 18th and we will be made the guests of the brethren in Washington until midnight when the journey will be resumed, arriving in New York Wednesday morning. It is the plan of Washington people to have their friends from the Northwest, West, Southwest and South rendezvous at Wash ington during the afternoon of June 19th and go in a body to New York, where we will be met by a committee from New York who will secure a "stopping place" for us. The fare for the round trip from Chicago to New York will be $27.70.

The palatial sound steamer, PLYMOUTH, has been chartered for the entire delegation and will leave Pier 28, North River, at 5:30 p. m., affording a grand climax to the enjoyment of one of the most delightful features of the annual gathering of the AMERICAN INSTITUTE OF HOMOEOPATHY.

SOCIETY OF HOMŒOPATHICIANS.

The information published last month with reference to this society came from one of the most prominent members of the same, but was wrong in every particular, owing to subsequent action by the Executive Committee, which finally selected Coney Island for the place of meeting and Wednesday, June 25th, as the time for the opening session. Definite information has not been received in reference to the hotel in which the sessions will be held or the program of the meetings.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The meetings of the I. H. A. will prove a revelation to the physician attending its meetings for the first time. Instead of the discussion of bacteriology and kindred topics with an element of uncertainty and doubt as to the r efficiency, the principles underlying the law of *similia* will be presented with an enthusiasm born of such oft repeated successes that it amounts to a positive conviction. It does not take long to catch the inspiration and you will go from the meeting determined to apply the principles as taught by these discussions to your own practice. Make your plans so as to attend the sessions at Watch Hill on the 26th of June.

HOMŒOPATHY IN GERMANY.

While it is true that the German government recognizes the legal status of the Homœopathic practitioner who is able to pass the examinations of the German Universities by the establishment of a royal examination committee, there is nothing to compel the University to issue their diploma even though the student shall have complied with all the requirements, consequently in every case they take advantage of the absence of compulsory action and decline unless the candidate will write a statement renouncing all belief in the efficacy of medicine applied under the law of *similia*, and even then the diploma may be withheld for a number of years as a safeguard against the smirching of the fair honor of their institution by heterodox practice of one holding a degree from their institution. Such bigotry, however, is bearing rich fruit for every one desiring to make such investigation becomes more determined from the very opposition and the intensifying of the desire brings about more thorough investigation which inevitably results in a conviction of the truth of the law that cannot be shaken. The School of Homœopathic medicine has more to fear from those who from a superficial investigation of its principles accept its tenets and then from *pure ignorance* of the real spirit embodied in the same do not follow its precepts with sufficient care and for that reason alone, *fail* and then attribute their failure to defects in the system with the result so frequently noted.

The result of the opposition in Germany is all that could be desired however, and the day is not far distant when the land which first saw its birth will be willing to receive the child into full fellowship. From the *Hom. Record* for May we take the following:

Thus Dr. Schwabe's central pharmacy, at Leipzig, gave the number of adherents of Homœopathy, who are in steady intercourse with it at the end of the year 1891, as 60,000. As to the social standing of these believers in Homœopathy we may mention the fact that among their numbers are fifteen members of reigning European dynasties; forty dukes, potentates and princes of houses not now reigning; twenty-one hundred and twenty counts, barons and baronets; six hundred and ninety-five German and foreign military officers; two hundred and five higher and lower civil officers, professors, etc., and twenty-seven monasteries in Germany, Austria and in foreign parts.

PERSONALS.

The new address of Dr. Emma Caswell Wood is 554 Montrose boulevard, Ravenswood, Chicago.

Dr. C. A. Ritchie, recent graduate of Hahnemann College of Philadelphia, is now located at Middletown, Del.

Dr. E. J. Kendall, a recent graduate of Hahnemann College, of Philadelphia, has opened an office at 174 St. Patrick street, Toronto, Canada.

Dr. E. R. Schoen, of the class of '95 of the Homœopathic Medical College of Missouri, can be found at 27 Ilgenfritz building, Sedalia, Mo.

Dr. C. McV. Tobey. of St. Paul, Minn., removed to Boston, Mass., the first of this month and has opened up an office at 361 Columbus avenue.

Dr. A. S. Pease, of 54th street and Jackson avenue, has located at 6952 Loomis street, Chicago, a very promising field of work for the doctor.

Dr. W. W. Stafford, late resident physician of Hering Hospital, has gone into the office with Dr. Howard Crutcher in the Columbus Memorial building, and will devote his time largely to surgery.

Dr. T. M. Turner has moved from Saling, Mo., to La Belle, Lewis county, same state.

Dr. L. E. Griscom is now located at 21 S. Indiana avenue, Atlantic City, N. J., where he will be pleased to receive his friends.

Dr. Chas. D. Tufford, formerly of Brandford, Canada, writes that he is now permanently located at Santa Clara, Cal., and will be glad to have his friends look him up when visiting the Pacific Coast.

Dr. Harvey Dale, of Oshkosh, Wis., who has been appointed associate editor with Drs. Horning and Beaumont on the Minneapolis Homoeopathic Magazine, is just recovering from a severe illness.

Dr. Moro F. Underwood, a recent graduate at Hering, has opened an office at 28 Eighth street, San Francisco, and writes that he is hard at work. The doctor made many earnest friends during his stay in this city, who will watch his future with interest.

Reports from the Indiana Institute of Homoeopathy recently held in Indianapolis, shows a large attendance and the most thorough discussions of pure Homoeopathy of any sessions in its history. Dr. J. D. George, Secretary of the Institute, deserves great credit for the success of the meeting.

As an example of the centralizing tendency in our large cities we have but to mention the fact that the Venetian building, Columbus Memorial building, and Reliance building, are now occupied by nearly one thousand physicians. The three buildings are all on the same street, separated only by a narrow alley and State street.

The Homœopathic Society, of Kansas, have just enjoyed the largest meeting in their history, there being over 170 in attendance and full sessions at all the meetings during the three days and evenings. They have shown their excellent taste in the selection of the following physicians to fill their various offices: C. F. Menninger, of Topeka, President, C. A. Bozarth, Vice-President, L. E. Rains, Corresponding Secretary, P. Diedrich, Treasurer. Drs. Minnick, Billings and Poley, Board of Censors. The next meeting will be held in Topeka, on May 1st of next year.

H. A. Cameron, a son of Hugh Cameron, of London, England, took his first course of lectures at Hahnemann College of Philadelphia during the winter of '94 and '95, and will remain in this country during the summer. Mr. Cameron will have charge of the interests of the MEDICAL ADVANCE in Hahnemann College during the coming season.

One of the handsomest programs coming to this office was that of the Texas Homoeopathic Medical Association, which holds its annual session at Ft. Worth, June 13th and 14th. The program is short and every one on the program is capable of presenting matter that will bring forth the most vigorous discussion, so we predict a very pleasant and favorable session of this excellent society.

It is a disappointment to the friends in Chicago that the railroads west of Chicago and St. Louis would make no concessions for the meeting of the American Institute. We learn that the members of the profession from St. Paul, Minneapolis and Duluth and other points will take advantage of the liberal proposition of the Sioux lines and go to Newport that way instead of going by Chicago. A delightful reception will be tendered the members of the Institute and their friends who go to Newport.

Dr. A. L. Monroe, of Louisville, paid his respects to the MEDICAL ADVANCE during the sessions of the late Illinois Homœopathetic Society. He is particularly well pleased with the recent action of the hospital authorities of Louisville in giving the Southwestern Homœpathic College equal privileges in the city hospital with the four old school colleges in the city. This action means a great deal for Kentucky and the South. Precedent is, after all, the one thing that human beings have most respect for, and the fact that the ice *has been* broken at Louisville is a sure indication that it *will be* smashed somewhere else. The victory is largely due to the personal influence of Dr. Monroe, who deserves especial thanks on the part of patriotic homœopaths everywhere. The Southwestern College has added Dr. K. C. Kasselman to its teaching corps and other additions are sure to follow. It is to be regretted that the Grand Old Man of Kentucky, Dr. J. A. Lucy, does not reside at Louisville, where his influence and ex-

ample are really needed. But he prefers his beautiful Frankfort home with its quietude, its trees and flowers and birds to the confusion and turmoil of metropolitan life, and is willing to leave to younger hands the work of waging war and making converts. Our Kentucky colleagues and the homœopathic profession in general are to be congratulated upon the outcome of the Louisville hospital matter.

MOST HEALTHFUL CITY.

Statistics appear robbed of dullness in the annual report of Commissioner of Health, Reynolds for the year ending December 31, 1894. The book has 350 pages and many charts, representing in graphic form the vital history of Chicago from 1851 to 1895.

It has been said that Chicago is the healthiest of great cities. In support of this assertion Dr. Reynolds shows that with a population of 1,567,727 Chicago recorded 23,892 deaths, making the rate 15.24; Detroit's rate was 15.50; Milwaukee's, 15.71; Cleveland's, 15.86. But New York's rate was 21.04; Boston's 22.98; New Orleans, 24.88; Brooklyn's, 20.15. The reports comments thus:

"An urban death rate, and especially a Chicago death rate of less than eighteen per thousand, has been pronounced incredible by the highest statistical authority in the country, and it remains to be seen what the reply will now be to what Virchow would call the 'brute force' of these aggregate figures. The only recourse seems to be to charge the five lake cities with a conspiracy of mingled suppression of death returns and aggregation of population figures.

"Meanwhile the effects of the climatic conditions of the great lakes region upon health and life are obviously worthy of more attention than they have yet received from the sanitary climatologist and demographer."

The downward march of the death rate and the upward and onward march of sanitation tabulated on a profile chart reveals that in 1854 the rate was 64, but in 1856, after the city level had been raised and sewer pipes had been laid and lake water had been introduced, the rate fell to 25. The rate went up to 35 in 1866, actuating a policy of sanitation which reduced the rate for 1867 to 21. The effects of the fire are seen in the 1872 rate of 27.50. The great increase of nervous diseases

during the "boom year" 1881, took the rate up to 26, 2,134 deaths from nervous diseases being recorded. Small pox carried off 1,292 persons in 1882 and consumption 1,239 in 1881. The rate went down to 17 and a fraction in 1889, but in 1891 it went up to 22, owing to excessive lung trouble, 2,898 deaths resulting from pneumonia and 1,495 from bronchitis. Coming down to 1894 the report says:

"Lowest death rate of any city in the world having a population of more than 200,000. As compared with 1893 only smallpox, cholera infantum, cancer and Bright's disease show a positive increase; other diseases of Group II—bronchitis, pneumonia, heart diseases and nervous diseases—show a positive decrease, except heart diseases, death rate of which is stationary."

Recurring to the subject of low mortality in Chicago the report says:

"Whether due to the equilibrating effects of these great inland seas upon temperature, to the purifying agency of their excess of oxygen, to the sensible electrical state of the atmosphere usually to be observed, or to all these and other causes not yet recognized, certain it is that the group of cities lying on the shores of the great lakes are more healthful than any similar aggregate of communities in the world. And Chicago has reason to exult that in this select group she is queen paramount."

Under the head of "Noteworthy Features" of 1894" appears the following:

"Of the twenty principal causes of mortality in 1894 the diarrheal diseases claimed, as usual, the largest number of victims—2,936, or about one-eighth of the whole number; then followed in the order here given the tubercular diseases—including 2,155 deaths from consumption—pneumonia, diphtheria, brain diseases, convulsions, bronchitis, heart diseases, smallpox, infantile marasmus, cancer, typhoid fever, acute nephritis, chronic nephritis, puerperal diseases, cerebro spinal fever, septic diseases, whooping cough, scarlet fever and measles. These account for 17,993 deaths out of the total 23,892 recorded for the year. Of the remainder 1,541 were from violence, of which 354 were due to street car and railway accidents."

Much space is devoted to a review of the smallpox epidemic of 1893–1894. The total deaths numbered 1,033, against 2,624 in 1864, 2,790 in 1872 and 3,616 in 1882. The outbreak was forseen and 1,200,000 vaccine points were used in free vaccinations, of which 586,500 points were used in a single month. In short, the commissioner of health shows by

charts and figures that the outbreak was handled more efficiently than any previous visitation had been handled and with fewer detrimental incidentals.

In the chapter on comparative vital statistics it appears that the highest mortality from nervous diseases succeeded the fire, in 1872 and 1873, exceeding 46 to the thousand in 1871. In 1894 this rate fell to 18.5. Asiatic cholera went to 165.79 in 1851, to 21.9 in 1855 and to 49 in 1867. Typhoid fever reached a rate of 14 in 1872, 10.5 in 1881, 16 in 1891, and in 1894 had fallen to a rate of 3.5. Dysentery reached 53.5 in 1857 and at present the rate is between 1 an 2, going down constantly.

Another interesting feature is the steady fall of the consumption rate from 37.5 in 1858 to less than 14 at present. Pneumonia in 1894 was less than 10 to the thousand. Bronchitis on the other hand about zero in 1859, showed a 7 rate at the end of 1894, and increasing steadily.

Under the head of new legislation needed Commissioner Reynolds mentions birth registration, notification of contagious diseases, county charities and the coroner's system, of which this is said:

"The average coroner's jury is proverbially ignorant—a facile tool for any unscrupulous limb-o'-the-law, and its verdict has without doubt allowed many a criminal to go unwhipt of justice, or defrauded the widow and orphan of righteous compensation for the death of the breadwinner. Then, too, cases often occur where prolonged and costly criminal trials, ending not unfrequently in a miscarriage of justice, could have been avoided had the inquest been conducted and the necropsy performed with the necessary skill and intelligence. To sum up in a single sentence: The present coroner system in this state does not adequately defend the interests of the poorer classes in particular as against the neglect of employers and corporations, nor properly protect the public in general as against crime."

Finally, the smoke inspection, the milk analysis and the general sanitary work are treated exhaustively in monographs and statistical tables. It is said that this is the best report ever issued by the Chicago department of health.

Book Reviews.

A Regional and Comparative Materia Medica by Malcolm & Moss.

Price $6.00 net, cloth; $7.00 half morocco. We find this the most helpful Materia Medica in our office and refer to it oftener than all of the others combined. Its superiority lies in its arrange ment, which makes it easy to find the genus of a remedy indicated. The plan upon which this book is constructed follows the general plan laid down by Hahnemann, of separating the symptoms made manifest by the drug into regions and groups designated by rubrics, corresponding to the same. In this work the authors have not only divided the provings into groups, but have collected under these different rubrics all of the prominent symptoms of two hundred and sixty different drugs, so that the symptoms in a given case may be easily compared with all of the symptoms found in that rubric in this large list of remedies. To make this differentiation more complete, two degrees are expressed, the keynotes and characteristics being designated by a star and the most prominent special symptom indicated by the degree sign, while at the end of each rubric or chapter a repertory of topics and symptoms, which might be regarded as the index to that chapter, making a practical concordance of the Materia Medica; while at the close of the book will be found an index to these repertories. This book contains over nine hundred pages and it is simply astonishing in its completeness. A comparison with the standard authorities show that notwithstanding the size of the book, almost every important symptom to be found in the Guiding Symptoms or Hahnemann's Materia Medica may be found introduced in this work, that is the condensation has not been at the expense of the symptoms given, but in the elimination of the elements of repetition. Arrangements have been made with the editors for the handling of this valuable work through the MEDICAL ADVANCE Co-operative Association. Write us for particulars.

Transactions of the American Institute of Homœopathy, session 1894

It is not so much the practicability of the reports from this society as the fact that we have them in compact form for ready reference at any time, which makes these transactions of value to the profession. Differing from our text books in that we not only have the deliberate thought of the writer of the different papers, but the personal expressions from a number of physicians, viewing the same question from different standpoints. The most important fact, however, is this, that a body of physicians have been gathered together for the discussion of these questions and the same has been preserved for the use of the profession, and a very creditable showing has been made in this number, although we find many unavoidable omissions. Taking it all in all, the $5.00 paid for membership in the Institute is returned with very good interest in the book each year issued by the Association. If the transactions are not what you would wish them to be it might be well for each one to ask the question, "What have I done to make it better?"

A Book of Detachable Diet Lists, by J. B. Thomas, M. D., published by W. B. Saunders, Philadelphia.

Price $1.50, subject to trade discount. The necessity for the proper nourishment of the body while under treatment is recognized by every physician, and this book, consisting of two or three hundred pages, perforated like a prescription book for detachment, any which the physician may select from the different lists given that are best adapted for each individual case and the same may be handed to the nurse with full instructions for use. It will prove of especial value in hospital, but may be adapted to general practice.

Kola Illustrated.

Kola seems to claim a large share of the attention of medical and pharmaceutical literature in these days. Among those who have expended a great amount of energy in their researches are Johnson & Johnson. A third brochure, "Kola Illustrated," has just been issued by them. It is handsomely printed and profusely illustrated. It covers all the well authenticated facts regarding this drug. Also much that is new and very interesting.

The following is a synopsis of the contents: Botanical Characteristics. Kola of the Market. Reports from Africa

and the West Indies on the methods of gathering for export. Special report on the Bissy Nut, the Kola of the West Indies; Chemical constituents of Kola; Physiological action of Kola; reports of the action of Kola in aiding muscular effort; in the marching of troops; bicycle riding; mountain climbing, etc.; Therapeutic uses of Kola; medicinal and beverage preparations of Kola; Kolafra in athletic training. Our readers can obtain a copy by writing Johnson & Johnson, New Brunswick, New Jersey.

Transactions of the Antiseptic Club, recorded by Albert Abrams, Published by E. B. Treat, New York.

Sold for $1.75. Satire is said to be one of the most powerful weapons that can be used in the destruction of any ethical fabric and this little work of about two hundred pages is filled brim full of the ———— and absurdities of the questions of antiseptics and other subjects of kindred nature. It will be proper reading in public and private and cannot fail in being fruitful of good results. You will laugh until your sides ache and then pick up the book that you may be tickled again.

Immunity, Protective Inoculations in Infectious Diseases, and Serum-Therapy.

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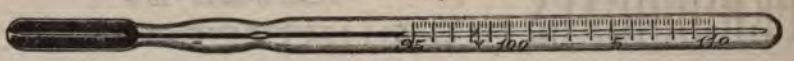

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BOOK REVIEWS.

International Medical Annual for 1895, E. B. Treat, New York.

Price $2.75. For thirteen years this house has been publishing a resume of the progress in medical science during the preceeding year and the work before us gives a list and description of the new remedies brought before the profession, new methods for the treatment of the many so called diseases of the body, but we fail to find any reference to any of the articles published in any of the Homœopathic journals and still they would have us buy their books. The application of the old principle for which our fore-fathers fought might not come amiss "No taxation without representation."

A Manual of the Modern Theory and Technique of Surgical Asepsis by Carl Beck, M. D. W. B. Saunders, Pub., Philadelphia.

Price $1.25, net. This work does not materially differ from other works on surgical asepsis but what the reader does find in the book is very clear and explicit statement of of the prevailing ideas in reference to the bacteriological investigation. At first we were lead to believe the author did not attribute to the different forms of bacteria the power of producing disease, but a more careful reading of the book convinced us that he, like all the rest expected the hypothesis, that diseases are not only produced, but propagated by these germs.

Lippincott's Magazine for June.

The complete novel in the June issue of Lippincott's is "The Battle of Salamanca," a stirring tale of the Napoleonic wars, from the Spanish of Benito Perez Galdos, an author of high repute in his own country, but hitherto too little known in America. It is followed by a brief account of "Galdos and his Novels," by the translator, Rollo Ogden.

William Thomson, a pioneer of the days when the California trail was new, relates a wild Western adventure of long ago, "Beset in Aravaipa Canon."

Under the title, "William Shakespeare: his Mark," William Cecil Elam shows how largely the speech of illiterate Virginians is that of the corresponding class in England near three centuries ago, as preserved by the great dramatist.

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Diseases of the Heart and Arteries. Their causes, nature and treatment, by John H. Clark, M. D., C. M. Edin, E. Gould & Son, London Pub.

It is hardly necessary to give any review to this work, because the name of the author is sufficient to stamp it with the seal of pure Homœpathic practice. This is one of the most interesting little books that has come from the Homœopathic press during the present year and consists of a careful analysis of the different diseases of the heart and arteries, thoroughly illustrated by thirty-six cases. This is followed by an analysis of the different remedies adapted to the treatment of these diseases making a combination of exceeding value to a careful prescriber.

A Manual of Bandaging, Adapted for self-instruction, by C. Henri Leonard, A.M., M. D. Illus'ted Medical Journal Co., Pubs., Detroit.

The main feature for commendation of this book over other similar works is that each illustration shows the direction of the various turns of the bandages with arrow-heads, and each turn is properly numbered; this renders the book a self-instructor to the reader of it, who has but to put the various bandages about the limbs of an office companion a few times, when the "trick" of its application upon a patient has been learned. It takes the place, in this way, of hospital drill. Besides the "Roller Bandages," the various Ts "Cravats," "Slings," "Tailed," "Adhesive" and "Plaster" bandages, and "Immovable Dressings" are given. The book is divided into sections treating of "The Bandages of the Head," of "The Body," of "The Upper Extremity," of "The Lower Extremity," "Knots," "Strappings," "Compresses" and "Poultices" with full description of making and applying the same. There is an illustration for nearly every bandage described. It has been recommended as a text book in various medical colleges and hospitals in this country, and has had two editions sold abroad. A medical student

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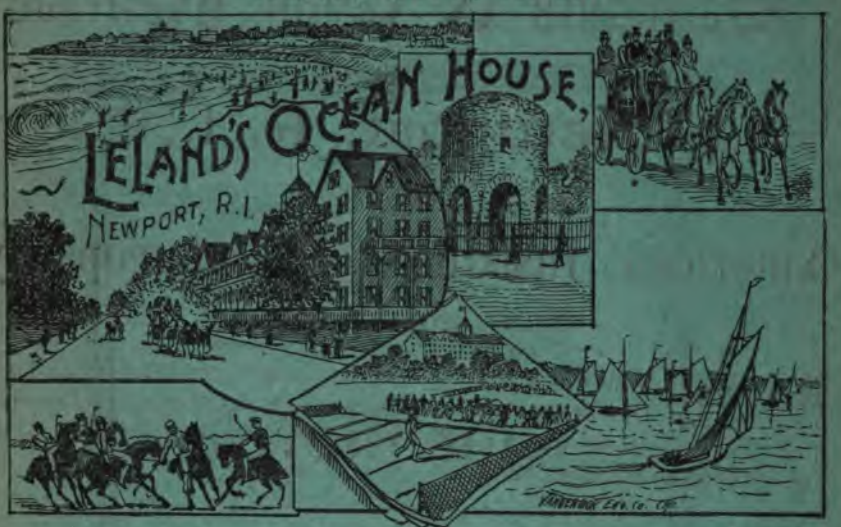

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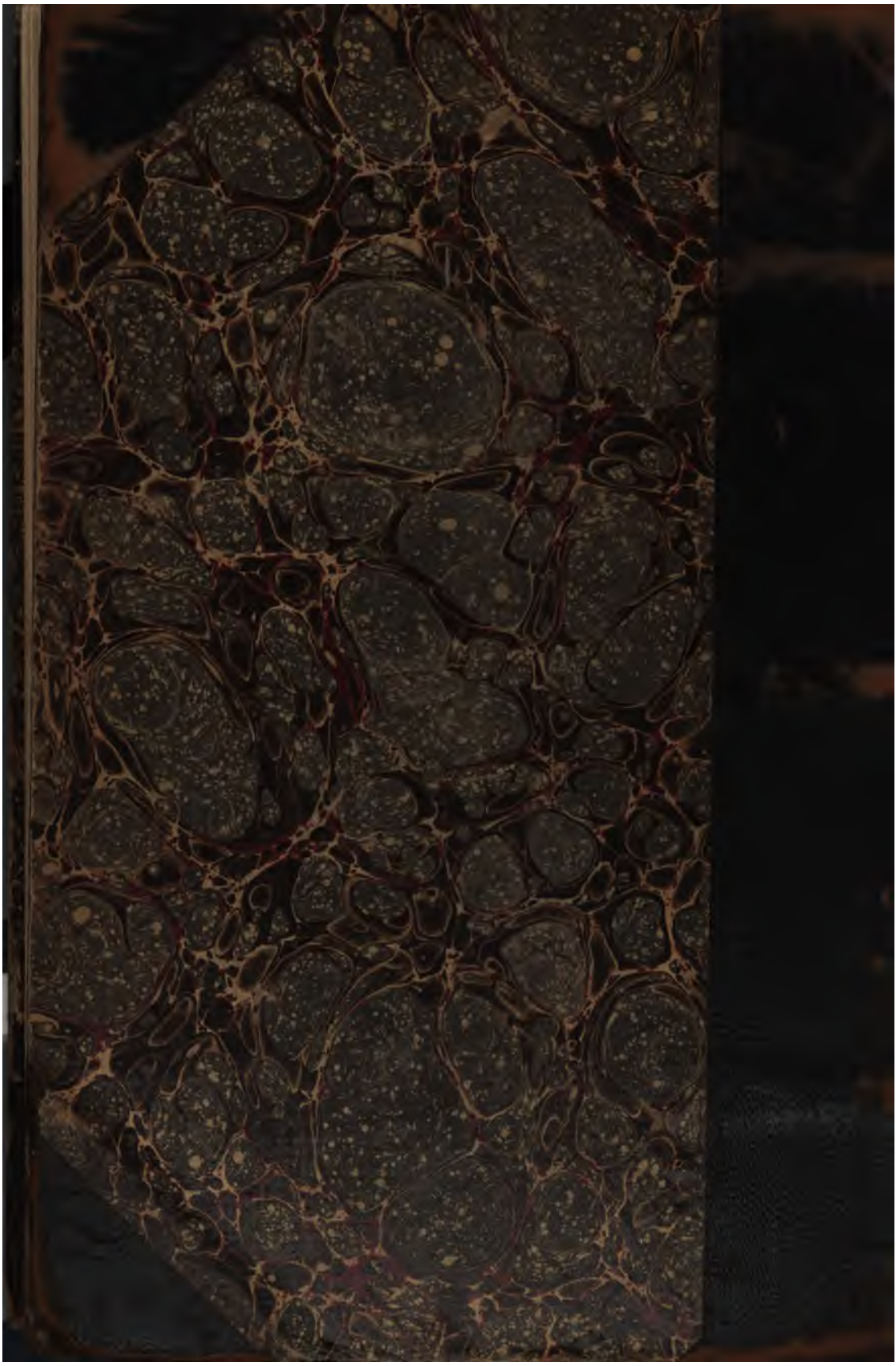
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